

GODPARENT/SPONSOR CERTIFICATE
THIS FORM MUST BE SIGNED & SEALED BY THE SPONSOR'S PASTOR

I, _____ a registered member of
(Godparent/Sponsor Name)

(Name of Parish, City and State)

(Parish Phone Number)

accept the invitation to be a Godparent/Sponsor for the Baptism/Confirmation of:

(Name of Person)

In accepting this responsibility, I truthfully state and affirm that:

1. I am at least 16 years of age and I have received the three sacraments of Initiation: Baptism, Eucharist, Confirmation. *Godparent/Sponsor initial* _____
2. I regularly attend Mass on Sundays and Holy Days of Obligation, and receive the Sacraments of the Church regularly. *Godparent/Sponsor initial* _____
3. I believe all that the Catholic Church professes and teaches, and I truly make a serious effort to incorporate these teachings in my daily life. *Godparent/Sponsor initial* _____
4. I strive to make my commitment to Christ and the Church visible by participating in parish activities, by my financial support and by my loving response to those with whom I come in contact daily. *Godparent/Sponsor initial* _____
5. If married, my marriage is recognized validly by the Catholic Church. *Godparent/Sponsor initial* _____
6. If I have children, they are being educated in the Catholic Faith. *Godparent/Sponsor initial* _____
7. If single, I am not living in cohabitation. *Godparent/Sponsor initial* _____
8. As a Godparent/Sponsor, I intend to encourage this child/adult, in the practice of the Catholic faith by word and example. *Godparent/Sponsor initial* _____

Canon 874. To be admitted to the role of godparent, a person must be a Catholic who has been confirmed and has already received the Most Holy Eucharist and leads a life in harmony with the faith and the role to be undertaken.

Canon 222. The Christian faithful are obliged to assist with the needs of the Church so that the Church has what is necessary for divine worship for the apostolic works and works of charity and for the decent sustenance of ministers.

Signature of Godparent/Sponsor _____

Signature of Priest _____

Date _____

Please mail to: **St. Joseph the Worker Church**
229 California Avenue
Weirton, WV 26062
304-723-2054 Fax: 304-723-3961

PARISH SEAL