

# St. Bartholomew the Apostle Catholic Church

5356 Eleventh Street, Katy, Texas 77493 \* Office: 281-391-4758 ~ Fax: 281-391-3978

Mail, fax, or email to [patty@st-bart.org](mailto:patty@st-bart.org)

## GODPARENTS Affirmation of Eligibility

*Must be completed and signed by the godparents. If single, use separate form for each one.*

**Godfather's Name:** \_\_\_\_\_

Catholic: Yes { } - No { }

**Godmother's Name:** \_\_\_\_\_

Catholic: Yes { } - No { }

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ P.O. Box: \_\_\_\_\_

*City*

*State*

*Zip Code*

Cellular Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church where you attend \_\_\_\_\_

*Name of Catholic Church*

*City/State*

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### **Please answer the following questions:**

- Are you?.....Single ( ) - Married ( ) - Cohabiting ( )
- If married, are you married in the Catholic Church? ..... Yes ( ) - No ( )

If your answer is "Yes": .....Date of Catholic Marriage: \_\_\_\_\_

Name of the church: \_\_\_\_\_

Church address: \_\_\_\_\_

*City*

*State*

*Country*

- Have you received all your Catholic Sacraments?..... Yes ( ) - No ( )  
*(Baptism, First Eucharist and Confirmation for Catholics)*
- Are you registered member of St. Bartholomew?..... Yes ( ) - No ( )
- Are you a baptized Christian, not a Catholic,  
who will serve as a Christian Witness? ..... Yes ( ) - No ( )

My Signature below affirms that I have truthfully answered all the questions above and I am eligible to serve as a Godparent or Christian Witness at a Catholic Baptism.

Signature Godfather: \_\_\_\_\_ Godmother: \_\_\_\_\_

### **Godchild Information:**

Godchild's Name: \_\_\_\_\_

*First*

*Last*