

Most Holy Trinity Catholic Church

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Augusta, GA 30903

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Baptismal Godparent Request Form

Please complete and sign this form. If you are not a registered member of Most Holy Trinity Catholic Church, then take this form to your parish to have it signed and sealed in your parish church. Please return the completed form to the parents.

I, _____, a registered member of the Roman Catholic
(Print your name as it is to appear on your Godchild's Baptismal Certificate)

parish of _____,
Name of Church City State

have been asked to be a Godparent for: _____
Candidate's Name

as he/she receives the Sacrament of Baptism on _____, at _____.
Date Name of Church

As a Godparent, I am accepting the responsibility to be a visible representative of the Catholic Community, the Body of Christ. I will assist the parents in raising this child in the spirit and teaching of the Roman Catholic Church. I intend to encourage this child in the practice of our Catholic Faith by being a role model in the Catholic way of living through my love, example, support, and prayers. Please check all that apply:

- I am at least 14 years of age.
- I am a Catholic who has received the Sacraments of Baptism, Confirmation and Eucharist.
- I regularly participate in the celebration of Mass on Sunday and Holy Days of Obligation.
- I do not attend Mass regularly, but make the promise that I will go on a regular basis going forward.

Are you married? circle yes or no

If yes, were you married in the Catholic Church? circle yes or no

If yes, name of Catholic Church _____
Name of Church City State

I attest that the information provided above is accurate: _____
Signature

Street Address City State Zip Phone Number

I certify that, to the best of my knowledge, this person is capable of assuming the duties and responsibilities of the role of Godparent.

Signature of Priest/Deacon Date

Church Seal