



Certificate of Eligibility

SS. Peter & Paul Catholic Church 4450 Granite Drive Rocklin, CA 95677 (916) 624-5827

GODPARENT FOR: _____

(Name of person being baptized)

GODPARENT INFORMATION

(Please print first and last name)

Address: _____

Email Address _____

Phone Number _____

Initial each statement and sign below

____ I am at least 16 years of age. I am a practicing Catholic and I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.

____ I participate in the Mass on Sundays and Holy Days and receive the Sacraments regularly.

____ I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact.

____ I realize that I assume a great responsibility before God and the Church in becoming a Godparent and I will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.

By my signature, I attest to the truth of these statements _____

(Sponsor Signature)

MUST BE COMPLETED AND STAMPED WITH SEAL BY THE SPONSOR'S CURRENT PARISH

Priest Signature _____

Church Name _____

Church Address _____

Date: _____

