



**St. Francis Catholic Church**

15651 SW Oregon St  
Sherwood, OR 97140

503-625-6185  
church@stfrancissherwood.org

**TO BE FILLED OUT FOR GODPARENT**

**Name of Godparent:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**NAME OF PERSON TO BE BAPTIZED:** \_\_\_\_\_

As a registered and participating member of St. Francis' Catholic Church

*Or of:* \_\_\_\_\_ Catholic Church,

***I solemnly affirm that:***

I am sixteen years of age or older.

I have received the three sacraments of Initiation; Baptism, Confirmation and Eucharist.  
(provide a copy of your confirmation certificate)

I participate in the Mass on Sundays and Holy Days and regularly receive the Sacraments of Holy Communion and Reconciliation.

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 daily.

I am living my Christian vocation as a single person or I have been validly married in the Catholic Church.

I realize that I assume a great responsibility before God and the Church in becoming a godparent. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life. I will help my godchild live their faith in the Catholic Church.

***Godparent's Signature:*** \_\_\_\_\_

**Print Name:** \_\_\_\_\_  
*Date*

***Parish Witness:*** \_\_\_\_\_  
*Date*