



SAINT ALPHONSUS
PARISH

Godparent Verification Form

Please initial next to the first three and have the appropriate people initial next to the last two. If you are a parishioner or took the class at St. Alphonsus just write in St. Alphonsus. Be sure to also turn in a copy of your Confirmation certificate.

I, _____, accept the invitation to serve as Godparent.

_____ I am at least 16 years of age or will be at the time of the baptism.
Your initials

_____ I am a practicing Catholic, attending Mass regularly and supporting my parish to
Your initials the best of my ability.

_____ I have received the sacraments of Baptism, 1st Communion and Confirmation and
Your initials am either single or was married in the Catholic Church.

_____ I understand and accept the responsibility which I undertake as a godparent. I
Your initials promise to be a support and example that reflects the spirit and teaching of the Catholic Church. I am prepared to assist my godchild by my support, encouragement and prayer.

_____ Is an a parishioner in good standing
Pastor initials

Parish Name (include city, state) _____

Parish Seal

_____ Completed the baptism prep class on _____ (date).
*Pastor or
Teacher's initials*

Parish Name (include city, state) _____

Parish Seal