



**HOLY COMFORTER CATHOLIC CHURCH**  
208 E. Jefferson St., Charlottesville, Virginia 22902

DATA FOR BAPTISM REGISTER

Scheduled Baptism Date: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Date of First Contact: \_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

Best Email Contact: \_\_\_\_\_

Name of Child \_\_\_\_\_

Family Residence \_\_\_\_\_

Date of Child's Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Actual Baptism Date \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Religion \_\_\_\_\_

Mother's Name (including birth name, if different) \_\_\_\_\_

Mother's Religion \_\_\_\_\_

Church in Which the Parents Were Married \_\_\_\_\_

Godfather's Name \_\_\_\_\_

Godfather's Religion \_\_\_\_\_

Godmother's Name \_\_\_\_\_

Godmother's Religion \_\_\_\_\_

Is either Godparent represented by proxy?

Was the child privately baptized?

Was the child adopted?

Name of Priest \_\_\_\_\_



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Godparent Eligibility Form

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First, Middle and Family Name of Child to be Baptized (please print clearly)

\_\_\_\_ I HEREBY AFFIRM that I am a Catholic and I have received the Sacraments of Baptism, Eucharist  
(initials) and Confirmation.

\_\_\_\_ I HEREBY AFFIRM that I am at least sixteen (16) years of age.  
(initials)

\_\_\_\_ I HEREBY AFFIRM that I am not the parent of the child to be baptized.  
(initials)

\_\_\_\_ I HEREBY AFFIRM that I am single **OR** if married, my marriage was celebrated in the Catholic  
(initials) Church.  
**Name and City of the church where the marriage took place:**

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\_\_\_\_ I HEREBY AFFIRM that I practice my Catholic faith by regularly joining in the celebration of the  
(initials) Sunday Mass and reception of the Eucharist.  
**Name and City of the church where I attend Mass:**

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\_\_\_\_ I HEREBY AFFIRM that I understand the responsibility I am undertaking and I have the desire and  
(initials) intention to fulfill it faithfully.

**I DO, therefore, solemnly affirm that I fulfill these requirements to serve as Godparent.**

\_\_\_\_\_  
Godparent Name printed

\_\_\_\_\_  
Godparent Signature

\_\_\_\_\_  
Godparent Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
**Witness\*** ( Name of Pastor, printed)

\_\_\_\_\_  
Witness Signature

**\*Witness must be a Priest and imprint this form with church seal Date: \_\_\_\_\_**