CATHOLIC CHURCH of the HOLY COMFORTER

208 E. Jefferson St., Charlottesville, Virginia 22902 (434) 295-7185

**Godparent Eligibility Form**

***Instructions - (please read and follow):*** *Parent – fill in the child’s name, then give form to Catholic Godparent(s); they, in turn,* ***take it to their priest to sign and seal****. The original shall be returned by mail (USPS) or delivered to the Holy Comforter Parish office at least 1(one) week prior to the date of the baptism. Copied or digital forms are not valid.*

**First, Middle and Family Name of Child to be Baptized** (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ 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/State of the church where the marriage took place:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ 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/State of the church where I attend Mass:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_