**GODPARENT/SPONSOR VERIFICATION FORM**

**P.O. Box 116/ 502 S. Canal St., La Feria, TX 78559**

**Phone #: (956) 797-2666/ Fax: (956)797-3387**

**Website: stfrancisxavierlaferia.org**

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**(To be filled out by Catholic Godparent/Sponsor)-Please Print!!!**

I have been asked to be the Godparent(s)/Sponsor(s) for

 (Name of child to go through Rite of Christian Initiation) God Father/sponsor Name:

God Father/sponsor Address/Phone #:

**God Father’s Profession of Faith**

|  |  |  |  |
| --- | --- | --- | --- |
| Where did you receive your baptism?(Name of Church & City) | Where did you get receive your First Communion? (Name of Church & City) | Where did you receive your first Confirmation? (Name of Church & City) | Where did you receive your sacrament of Marriage? Church or Civil?(Name of Church & City) |
|       |       |       |       |

God Mother/ Sponsor Name:

God Mother/ Sponsor Address/Phone #:

**God Mother’s Profession of Faith**

|  |  |  |  |
| --- | --- | --- | --- |
| Where did you receive your baptism?(Name of Church & City) | Where did you get receive your First Communion? (Name of Church & City) | Where did you receive your first Confirmation? (Name of Church & City) | Where did you receive your sacrament of Marriage? Church or Civil?(Name of Church & City) |
|       |       |       |       |

**Godparents, please read and sign:**

**QUALIFICATIONS FOR GODPARENTS:**

* I am active in my Catholic parish (I attend Sunday Mass every week, on holy days of obligation where I receive the real presence of Jesus.)
* I have received the Sacraments of Initiation: Baptism, Eucharist, and Confirmation in the Catholic Church and am at least 16 years of age.
* If married, my marriage was in the Catholic Church or was validated in the Catholic Church.
* Two Godparents are **suggested**, one of each sex; however, only one is required.
* I understand my responsibility as a Catholic Godparent/Sponsor

I meet these Catholic Church guidelines and spiritually accept my responsibility in my role as Godparent/Sponsor.

I      , am a practicing Catholic and am currently registered at

(Printed Name of Godparent(s)/Sponsor(s)

      in

(Name of Parish) (City/State)

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**(Signature of Catholic Godparent(s)/Sponsor(s)** **(Date)**

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**(To be filled out by the Catholic Church the Godparents/Sponsors are currently registered with and attending)**

**THIS IS TO CERTIFY**

Based on the above information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Godparent(s)/ Sponsor(s) Name(s)

     Is approved or      is not approved to serve as Godparent(s)/Sponsor(s).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Church Official**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**