HOLY TRINITY CATHOLIC CHURCH

7595 Federal Blvd. Westminster, CO 80030 ● **Phone** 303-428-3594 | **Fax** 303-427-4125

Godparent/Sponsor Eligibility Testament

Name of Baptism/Confirmation Candidate _____

Sacrament to be received: ○ Baptism   ○ Confirmation

Parish/City/State Where Receiving Sacrament_____

Many, in choosing a Godparent or Sponsor, want to ask a good friend or a family member whom they wish to honor. It is indeed an honor to be asked, however the choice should be made based on different criteria other than friendship or family. For example, one would choose a surgeon not based on friendship or familial relationship but because of their skill as a surgeon. The same is true of a choice for Godparent or Sponsor. The Godparent or Sponsor should be someone who is passionate about their Catholic faith, an "expert", who faithfully practices it. The Godparent/Sponsor testimony below reflects this personal commitment to the Catholic Faith and to the Candidate.

In the presence of a parish representative (Staff Member or Clergy)

I,_____ the God Parent/Sponsor hereby testify: [initial each statement]

_____ **YES**, I sincerely believe in the Lord Jesus Christ and strive to live my Christian faith as taught by the Roman Catholic Church by: (initial each statement)
1. Participating in Mass every Sunday and Holy Day of Obligation. _____
2. Receiving the Holy Eucharist regularly. _____
3. Making use of the Sacrament of Confession at least once a year and as necessary. _____
4. I am member of _____ Parish and participate its activities as my time allows. _____

_____ **YES**, I am at least 16 years of age and have received the following sacraments (circle which)
○ Baptism   ○ Communion   ○ Confirmation   ○ Marriage

*If Married: _____   **YES,** my marriage has been blessed in the Catholic Church   *_____No, just married civilly

*If Single/Divorced: _____   **YES**, I am living chastely as appropriate for a unmarried Christian life
(I am not having intimate sexual relations/cohabitating)

Godparent/Sponsor: _____ Signature: _____

Address: _____ Phone # _____

THIS SECTION IS TO BE COMPLETED BY THE <u>SPONSOR'S PARISH</u> PRIEST OR STAFF MEMBER

Parish/Church: _____ Phone #: _____

Address: _____

Parish Witness Signature: _____ Date: _____
    Circle One: Pastor / Vicar / Staff Member

Parish Seal