Godparent Eligibility Affidavit

| Full Name of Godparent: |
|--|
| |
| Address: |
| |
| Date of Birth: |
| |
| Phone Number: |
| |
| Email Address: |
| |
| |
| Affidavit |
| I, the undersigned, do hereby affirm that I meet the following requirements to serve as a godparent: |
| I am at least 16 years old. |
| |
| I am a baptized Catholic and have received the sacraments of Holy Eucharist and Confirmation. |
| I am leading a life in harmony with the faith and the role of a godparent. |
| I am not the parent of the person to be baptized/confirmed. |
| Tam not the parent of the person to be baptized/confinmed. |
| If married, I am married in the Catholic Church. |
| I regularly participate in Mass and in the sacramental life of the Church. |
| |
| I affirm that the above statements are true and correct to the best of my knowledge. I understand the responsibility I undertake as a godparent. |
| |
| Signature of Godparent |
| |
| Date |