

BAPTISMAL GODPARENT TESTIMONY FORM
NAME OF CHURCH
CITY, STATE

I, _____, phone number _____,
(PRINT your Name)

testify by my signature below that I am qualified to serve as a godparent
for baptism in the Catholic Church for _____.
(PRINT Name of Infant/Child/Adult to be Baptized)

Please circle either YES or NO for each question that follows:

- YES NO Are you a Roman Catholic?
YES NO Are you at least 16 years old? (See a priest or the baptism minister for exceptions.)
YES NO Have you received Confirmation and Holy Eucharist in the Catholic Church?
YES NO Are you free to receive Holy Communion when you come to Mass?

Answer the following only if married:

- YES NO Was your present marriage celebrated in the presence of a Catholic bishop, priest, or
deacon or in another denomination with the written permission of a Catholic bishop? (If not
please provide a written explanation.)

Answer the following only if unmarried:

- YES NO Are you living with another person in a romantic relationship or as a couple?

I sign this document in the presence of a Catholic priest, deacon or pastoral minister of a Catholic parish and
understand that by my signature I attest that what I have circled above is truthful.

Godparent Signature: _____
Church Representative's Signature: _____
Church Representative's Title: _____
Church Representative's Parish: _____
Church City and State: _____
Date: _____

SEAL