

Guardian Angels Catholic Community

581 E. 14 Mile Rd

Clawson, MI 48017

Phone: 248-588-1222 FAX: 248-588-8767

Godparent Eligibility Form for Sacrament of Baptism

Please complete the form and return it to the Parish Office at Guardian Angels Parish.

The Catholic Church requires that all those who assume the responsibilities and obligations of godparent for the sacrament of Baptism, practice their faith and take seriously their discipleship in Jesus Christ as a Roman Catholic Christian. Therefore, only those who make the following affirmations (*please place a check next to each statement*) can fulfill the role of godparent.

- ☐ I am a Roman Catholic, who is registered and participating member of _____ Parish.
- ☐ I have attained the required minimum age of sixteen years.
- ☐ I have received the three Sacraments of Initiation: Baptism, Confirmation, and Eucharist.
- ☐ I participate in Mass regularly and seek to actively live out my Christian discipleship.
- ☐ I realize that I assume a great responsibility before God and the Church in becoming a godparent. I promise to give support and guidance to my godchild through prayers and and my own example of a faithful Catholic Christian.

Name of Child to be Baptized: _____
Last First Middle

I affirm that, by my signature, I am attesting to the truth of the above statements.

Godparent's Printed Name: _____
Last First Middle

Godparent's Signature: _____ Date: _____

PASTOR'S CERTIFICATION

This is to certify that _____ is a

☐ Catholic in good standing and meets the requirements for the ministry of godparent.

☐ Registered parishioner of _____ Parish.

Pastor's Signature: _____ (Parish Seal)