



ST. JOHN  
VIANNEY  
CHURCH

**Baptism Godparent Verification**

Child to be baptized: \_\_\_\_\_

Parents: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

I, \_\_\_\_\_,  
have been invited to be a Godparent for the child named above. Recognizing that there are certain requirements of the Roman Catholic Church regarding Godparents in Canon Law #872-874, I verify that the following information is true.

I am over 16 years of age.

I have been Baptized validly by the Roman Rite.

I have received the Sacrament of the Holy Eucharist in the Catholic Church.

I have received the Sacrament of Confirmation in the Catholic Church.

I am not the mother or father of this child.

I am a practicing Catholic and live a life in harmony with the teachings of the Roman Catholic Church.

I attend Sunday Mass regularly and am a registered member of:

\_\_\_\_\_  
(Church/Parish)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Signature of Parish Priest)

\_\_\_\_\_  
(Date Signed)

I accept the role of Godparent as a spiritual mentor who will assist this child in her/his growth and understanding of the Catholic faith.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the parish office or mail to the address below at least 2 weeks prior to the baptism date.