



ST. MONICA CATHOLIC CHURCH
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Godparent Eligibility Form

For the BAPTISM of: _____

Godparent Name: _____

Godparent Address: _____

City, ZiP: _____

Godparent Phone: _____

Godparent Email: _____

Godparent Date of Birth: _____

Godparent's Parish: _____

To be a godparent, I realize that I must:

- Be an active, practicing Catholic
- Not be one of the candidate's parents
- Be at least 16 years of age
- **Have received the Sacrament of Confirmation**
- Be receiving the Sacraments of Penance and Eucharist frequently
- **IF MARRIED:** Have celebrated my marriage in the Catholic Church
- Understand the responsibility I am undertaking and plan to maintain an ongoing relationship with the candidate in order to promote the candidate's lifelong spiritual growth
- Participated in the Baptismal preparation program at _____ Parish on the following date: _____

I affirm that I meet all the necessary requirements to act as a Godparent.

Signature of Godparent: _____ Date: _____

Note: Godparent, take this form to your parish for affirmation by your Priest, a Deacon or a lay Ecclesial Minister designated by the Pastor.

(For use by the Godparent's parish)

To the best of my knowledge this person is able to meet all the necessary requirements to act as godparent to another.

Yes _____ No _____ Other _____ (Please comment on reverse)

Signature: _____

Parish: _____ Date: _____

Church Seal