

# St. Andrew Catholic Church

Holts Summit, MO

## Baptism Godparent Eligibility Form

Sponsor's Full Legal Name: \_\_\_\_\_  
First Middle Last (Maiden)

Sponsor's Address: \_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_

Sponsor's Email(s): \_\_\_\_\_

I am a registered parishioner at \_\_\_\_\_ Parish  
in \_\_\_\_\_  
(city)

**FROM THE CODE OF CANON LAW:** Sponsors for the Sacrament of Baptism must be Catholics who have been Confirmed and have received the Sacrament of First Communion. They must be in good standing with the Catholic Church and must lead a life in harmony with the faith in keeping with the function to be undertaken.

**Godparent, please read and check the following affirmations:**

- I am at least 16 years of age.
- I have celebrated the Sacraments of Baptism, First Communion and Confirmation in the Catholic Church.
- IF MARRIED: My marriage is valid and Sacramental in the Catholic Church on \_\_\_\_\_ (date)
- I participate in Catholic Sunday Mass/Sacraments regularly.
- Non-Catholic, I am a Baptized Christian in another Christian denomination and continue to practice my faith.
- I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.

**Godparent Signature** \_\_\_\_\_

You will be a God parent for:

**Baptism Child's Full Legal Name:** \_\_\_\_\_

First Middle Last

**Name of Sponsor's Baptismal Parish:** \_\_\_\_\_

**Parish City/State/Zip** \_\_\_\_\_

(over)

**Please take this form to the parish office where you are registered and have them complete the portion below. Then return to St. Andrew Parish.**

**To be filled out by pastor or pastor's designate:**

To the best of my knowledge this person is able to fulfill the responsibilities involved in serving as a Baptism sponsor. Yes \_\_\_\_ No \_\_\_\_

He/she is a registered member of our parish \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

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

Name of Parish: \_\_\_\_\_

Parish Seal

Parish City/State/Zip \_\_\_\_\_

**Please return to St. Andrew Parish Office:**

Email to: [admin@standrewparishhs.org](mailto:admin@standrewparishhs.org)

Mail to: 400 St. Andrew Dr., Holts Summit, MO 65043

Phone Number: 573-896-5010