

Full name of the person being Baptized/Confirmed/Initiated into the Church:

SPONSOR INFORMATION FORM

Baptism (Godparent) Confirmation – High School (Sponsor) Confirmation – Adult (Sponsor) RCIA (Sponsor)

Congratulations! You have been asked to be a godparent/sponsor for the Sacrament of Baptism, Confirmation, or RCIA. In accepting this very important role, you are urged to reflect upon the importance of this commitment. Please read the following and pray about the responsibility you will be fulfilling in someone’s spiritual life. After reflection, please complete the form fully, sign and return to the team coordinator.

Declaration

Please initial each statement confirming its enunciation: (Canon Law #874)

- _____ I am a practicing Catholic, have been Confirmed, regularly attend the Catholic Mass and receive the Eucharist.
- _____ I am over sixteen years old.
- _____ I am not a parent to the candidate who will receive the Sacrament.
- _____ I understand and accept the obligations of a godparent/sponsor, to lead a life of faith and to pray and to assist my Godchild/Sponsored candidate in his/her spiritual growth.

Godparent/Sponsor’s Information

Name: _____ Date of Birth: ____ / ____ / ____ Sex: Male / Female

Address: _____

Telephone: _____ Email: _____

Registered parishioner? YES / NO

Name of Parish: _____

Address: _____ City: _____ St: _____

Telephone: _____ Fax: _____

Sacramental History of the Godparent/Sponsor

Parish of your Baptism: _____ City: _____ St: _____

Parish of your Confirmation: _____ City: _____ St: _____

IMPORTANT: *Archdiocese of Seattle policy states that verification of full initiation into the Catholic Church is to be provided by means of a recently issued Baptismal certificate. Submitting this form is not a request for Certificate of Baptism. Please contact your parish of Baptism and ask them to mail a reissued Baptismal certificate with notation of your 1st Communion and Confirmation to us at the appropriate parish address listed below.*

Marital Status

Single Engaged Married in the Catholic Church Widowed

Divorced Remarried Married outside the Catholic Church

Signature: _____ Date: _____

Queen of Angels Parish – 209 W. 11th Street – Port Angeles, WA. 98362 – (360)452-2351

St. Joseph Parish – 121 East Maple Street – Sequim, WA. 98382 – (360)683-6076

Parish Use Only:

Form received by (please print) _____	Date: _____
Recorded in parish register by (please print) _____	