



Saint Patrick Catholic Church

406 Walnut Street, Yorkville, Illinois 60560 -- 630.553.6671

INFANT BAPTISM GODPARENT - CERTIFICATE OF ELIGIBILITY

Please return this form to Saint Patrick Parish at least two weeks prior to the Baptism.
Unfortunately, we cannot accept faxed or e-mailed copies.

I, _____, am a practicing Catholic and am currently attending at

Godparent Name

_____ in _____.

Name of Parish***

City/State/Zip

- ☐ I am a Roman Catholic
- ☐ I strive to attend Holy Mass every Sunday
- ☐ I am at least 16 years of age and have received all the Sacraments of Initiation (Baptism, Eucharist, and Confirmation) in the Catholic Church.
- ☐ If married, my marriage was in the Catholic Church or at least with the approval of the Catholic Church
- ☐ I understand my responsibility as a Catholic Godparent

I have been asked to be a Godparent for the Baptism of _____

Name of child to be Baptized

to be celebrated on _____ at Saint Patrick Catholic Church, Yorkville, Illinois.

Date of Baptism

Signature of Catholic Godparent

Date

*****To be filled out by the Catholic Church where the Godparent currently attends**

THIS IS TO CERTIFY

To the best of my knowledge, _____ attends this Parish, is a practicing Catholic, and meets the requirements as required by Canon Law to act as a Godparent for the Sacrament of Baptism.

CHURCH
SEAL

Reverend _____
Signature of Priest or Deacon

Printed Name _____

Church of _____

City/State _____

Phone Number _____

_____ Date