



St. Patrick Parish

406 Walnut Street, Yorkville, Illinois 60560 -- 630.553.6671

INFANT BAPTISM GODPARENT - CERTIFICATE OF ELIGIBILITY

Please return this form to St. 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 have been asked to be a Godparent for the Baptism of _____

Name of child to be Baptized

to be celebrated on _____ at St. Patrick Parish, Yorkville, Illinois.

Date of Baptism

Check all that apply:

- ☐ I am a Roman Catholic.
- ☐ I strive to attend Holy Mass every Sunday.
- ☐ I am at least 16 years of age.
- ☐ I understand my responsibility as a Catholic Godparent.

Marriage (check one):

- ☐ I am married in the Catholic Church.
- ☐ I am married in a Non-Catholic Church.
- ☐ I am married civilly.
- ☐ I am not married.

Sacraments (check all that apply):

- ☐ I have been Baptized.
- ☐ I have received my First Holy Communion in the Catholic Church.
- ☐ I have received the Sacrament of Confirmation in the Catholic Church.

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.

Reverend _____

Signature of Priest or Deacon

Printed Name _____

Church of _____

City/State _____

Phone Number _____

Date

CHURCH
SEAL