



## FORM FOR CATHOLIC GODPARENT

St. Joseph Catholic Church  
226 N. Hill Street  
South Bend, IN 46617  
www.stjoeparish.com

(574) 234-3134  
Fax (574) 234-2822  
fmonterrubio@stjoeparish.com

Congratulations! You have been asked to be a godparent for an upcoming baptism at St. Joseph Catholic Church. We ask you to reflect on your responsibilities as a godparent, and fill out the commitment form. Please have a priest or staff person from the parish at which you are registered sign the bottom portion and affix the parish seal. *Please return this form to our parish by mail, email, or fax as soon as possible to Fatima Monterrubio Cruess, Director of Christian Formation. It must be submitted no later than four days before the celebration of baptism.*

**Person to be Baptized:** \_\_\_\_\_

**Parents:** \_\_\_\_\_

**Full Name of Godparent:** \_\_\_\_\_

I am a registered and participating member of \_\_\_\_\_  
(parish)

in \_\_\_\_\_  
(city) (state)

**Please check ALL that apply:**

- I am at least 16 years of age and not the parent of the child to be baptized.
- I am a Catholic who has received the Sacraments of Baptism, Confirmation, and Eucharist.
- I regularly participate in Sunday Mass, I believe in the faith of the Catholic Church, and I strive to live a good and moral life.
  - [If married: My current marriage is recognized as valid by the Catholic Church.]
- I promise to give my support to the godchild and to his/her parents by my prayers and by the example of my faith practiced in my daily life.

**Godparent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Priest or Parish staff at the Parish at which you are a member**

**(This must be completed before sending the form back):**

- The person named above is a confirmed Catholic.
- I verify that this person is a registered member of our parish who attends Mass and participates in our parish community.

**Pastor/Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parish:** \_\_\_\_\_

Please affix Parish Seal: