



ST. CHARLES CHURCH  
880 TAMARACK AVENUE, SAN CARLOS, CA 94070

CATHOLIC GODPARENT

Child's Full Name \_\_\_\_\_

Father/Legal Guardian Full Name \_\_\_\_\_

Mother/Legal Guardian Full Name \_\_\_\_\_

\*\*\*\*\* CONFIDENTIAL \*\*\*\*\*

Name of Godparent (print) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

GODPARENT COMMITMENT

I understand that being a godparent is an important opportunity to bear witness to my faith and to serve as a good example of Catholic life for my godchild.

As a registered and active member of the Catholic Christian Community, I affirm that I

- am or will be 16 years old at the time of the Baptism.
- have completed my own Catholic Christian sacramental initiation through Baptism, Eucharist, **and** Confirmation
- regularly participate in the weekly Sunday Eucharistic liturgy and give witness to my faith in Jesus Christ by taking an active role in the parish, especially in receiving the Eucharist.
- am striving to grow in the knowledge and understanding of my Catholic faith according to the opportunities available to me (i.e. adult faith formation programs, scripture and spiritual reading, performing Christian service)
- commit to support my godchild by my continued interest and prayer for his/her Catholic Christian growth and by the Catholic Christian example of my daily life

Sign here \_\_\_\_\_

completing online constitutes my signature

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PASTOR'S PERMISSION TO BE A GODPARENT

The person signed above is a registered member of this parish, and to the best of my knowledge is capable and sincere in the promise of assuming the duties of sponsorship as a godparent for the Sacrament of Baptism.

Name Pastor or Delegate \_\_\_\_\_

Signature \_\_\_\_\_

Parish Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

