ST. MARK PARISHIONER'S GODPARENT / SPONSOR ELIGIBILITY FORM Name of the person being Baptized/Confirmed: _____ ST. MARK the EVANGELIST Parish where Sacrament is taking place: _____ ☐ Infant Baptism Godparent ☐ Teen Confirmation Sponsor (High School) □ Adult Confirmation Sponsor □ RCIA Sponsor Read the following and pray about the responsibility you will be fulfilling in someone's spiritual life; you are urged to reflect upon the importance of this commitment. After reflection, please initial the statements of "Qualifications" and read and sign the "Declaration". Oualifications of Godparents/Sponsors (Canon Law #874) <u>Please initial the statements of "Qualifications"</u> confirming its enunciation: I am practicing Catholic, have been confirmed, regularly attend the Catholic Mass and receive the holy Eucharist. I celebrate the Sacrament of Reconciliation at least once a year. I am over sixteen years old. I am not the parent to the candidate who will receive the sacrament. Marital Status (select one) • Important Note: according to Canon Law, those living in marriages not recognized by the Catholic Church may not be qualified to serve as Godparents/Sponsors [____] Single [___] Married in the Catholic Church [____] Married outside the Catholic Church (civil ceremony, or other denomination Church) Godparents/Sponsor's Information Name: ______ Date of Birth: ____ / ____ Sex: Male / Female Address: Telephone: Email: City: St: Your Catholic Parish: ______ Please read and sign the "Declaration" I do hereby solemnly declare that I do fulfill all the qualifications to act as a godparent/sponsor for the Sacrament of Baptism/Confirmation. I understand and accept the lifelong responsibility of a godparent/sponsor to lead a life of Christian faith, and to pray for and assist my Godchild/Sponsored candidate in his/her spiritual growth. Name of Godparent/Sponsor (please print): ______ Signature: _ DIGITAL SIGNATURE NOT ACCEPTED **Proxy** (if applicable) If Godparent/Sponsor can not be present in person the day of the Baptism/Confirmation ceremony, he or she may appoint another person to serve as a proxy. Please, complete only if Godparent/Sponsor will not be present at the ceremony. Name of Proxy (please print): ____ To be completed by Parish Personnel Only: The Godparent/Sponsor named above is a (Please check one): \square Registered Parishioner / \square Other: Since:

PARISH OFFICE: 9724 CROSS CREEK BLVD / TAMPA. FL 33647 / PHONE: (813)907-7746 / FAX: (813)907-7556 / WEB: STMARKTAMPA.ORG

_____ Date: _____

Parish staff Name (please print): _____

Parish staff signature: ______
DIGITAL SIGNATURE NOT ACCEPTED

(Parish Seal)