



*St Therèse of Lisieux Parish*

66 North Avenue

Sanford, ME 04073

Phone: (207) 324-2420

Email: [StTherese@portlanddiocese.org](mailto:StTherese@portlanddiocese.org)

## Sacramental Sponsorship Certificate

In accepting this responsibility, I \_\_\_\_\_  
truthfully state the following (godparent/sponsor please print your FULL name)

If married, I was married according to the laws of the Catholic Church regarding Marriage. Yes \_\_\_\_\_ No \_\_\_\_\_

I am at least 16 years of age. Yes \_\_\_\_\_ No \_\_\_\_\_

I have received the Sacraments of Baptism and Confirmation in the Catholic Church.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I attend Mass regularly on Sundays and Holy Days of Obligation and receive the Sacraments of the Church regularly. Yes \_\_\_\_\_ No \_\_\_\_\_

I understand and accept the responsibilities which I undertake as a godparent/sponsor and I promise to pay special attention to: \_\_\_\_\_  
(FULL name of candidate)

in his/her efforts to live a catholic life that reflects the spirit and teaching of the Catholic Church and I am prepared to assist his/her parents in their duty by my support, prayer, and encouragement. \_\_\_\_\_  
(Signature of godparent/sponsor)

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### Testimony of godparents'/sponsors' Pastor

*I certify that to the best of my knowledge; this person has met the canonical requirements of a godparent.*

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of Pastor)

Name and Address of Parish

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church Seal