



Our Lady of Angels Catholic Church

1914 Ridgeview Drive

Allen, Texas 75013

Godparent / Sponsor Affidavit

Child to be baptized or Confirmed: _____ Date of Sacrament: _____

Name of Godparent/Sponsor: _____ Godmother __, Godfather __, Sponsor __

Daytime phone number: _____ Church of Baptism: _____

Are you a parishioner of Our Lady of Angels Catholic Church? Yes __, No __

If no, what is your home parish? _____

Parish address: _____ City, ST, Zip _____

REQUIREMENTS FOR CATHOLIC GODPARENTS AND CONFIRMATION SPONSORS: Must be over the age of 16, have received the sacraments of initiation (Baptism, Holy Communion, and Confirmed), and if married, married in the Catholic Church.

Please check the affirmation that apply to you:

___ I have celebrated the Sacraments of Baptism, Eucharist, and Confirmation.

___ I am single.

___ I am in a valid Catholic marriage (celebrated in the Catholic Church).

___ I am a registered member of Our Lady of Angels Catholic Church, Allen

___ I participate in Sunday Mass regularly.

___ I shall give Christian witness to and pray for the person I am sponsoring.

___ I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.

I understand and accept the responsibility that I undertake as a Catholic Godparent/Sponsor

Signature: _____ Date: _____

Parish Office of Godparent

To the best of my knowledge, the person named above is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. Yes __, No __

Church Seal

Pastor Signature: _____ Date: _____