

Diocese of St. Augustine

Sponsor/Godparent Eligibility Form

Person Receiving
Sacrament

Full Name of Candidate _____ for ☐ Baptism ☒ Confirmation

Parish Name St. Joseph Catholic Church

Parish Mailing Address 11730 Old St. Augustine Rd

City, State, Zip Jacksonville, FL 32258 Phone (904) 268-5422

Date Sacrament(s) to be Administered: Baptism _____ Confirmation _____

From the Code of Canon Law: Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 & 893)

Sponsor Information

Full Name _____

Mailing Address _____

City, State, Zip _____ Phone (_____) _____

Please read and check the following affirmations if they are true:

- ☐ I am at least 16 years of age.
- ☐ I have celebrated the sacraments of Baptism, Confirmation, and Eucharist.
- ☐ I participate in Sunday Mass regularly.
- ☐ (If married) My marriage was celebrated according to the norms of the Catholic Church.
- ☐ I am not married.
- ☐ I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.
- ☐ I participated in the baptismal (not required for confirmation) preparation program at
Parish _____ Date _____
- ☐ I affirm that I meet all the necessary requirements to act as a sponsor/godparent.
- ☐ I am a parishioner of _____ since date _____
- ☐ I am not the parent of the person receiving the sacrament.

Signature of Sponsor/Godparent _____

Date _____

Sponsor's Parish

Parish Name _____

Parish Mailing Address _____

City, State, Zip _____ Phone (_____) _____

To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. Yes No Other (comment on reverse side)

At this parish, I serve as (circle one) Pastor, Priest, Deacon, Lay Ecclesial Minister. I am authorized to make this statement about our parishioner.

Printed Name _____ SEAL: _____

Signature _____ Date _____