



**St. John the Baptist Catholic Church
Our Lady Of the Assumption Mission**

4727 McHugh Drive – Zachary, Louisiana 70791-3935
Telephone: (225) 654-5778 Facsimile: (225) 654-5796

Godparent Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized: _____

Proposed Date of Baptism: _____

Criteria to Serve as Godparent for Baptism (Canons 872 & 874 of the Code of Canon Law lists the requirements & qualifications of those who serve as sponsors (Godparents) for the Sacrament of Baptism)

1. The Godparent must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith;
2. The Godparent must be at least sixteen years of age;
3. If married, the Godparent must be in a marriage recognized as valid by the Catholic Church. Godparent(s) may not be cohabiting, or living together without marriage.
4. If not previously attended, the Godparent will attend a Baptismal Seminar in preparation for this Baptism.

Note: Anyone baptized Catholic who made a conscious decision to leave the church, change religions, or otherwise not attend weekly Mass may not serve as a Godparent but will be considered a Christian witness.

Statement of Godparent

“I meet **all of** the above stated criteria to serve as a Godparent, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith.”

By signing below, the proposed Godparent solemnly swears that he or she has read the above criteria, and that the statement above is a true and correct indication of his/her intentions.

Godparent’s Signature: _____

Godparent’s Name Printed: _____

To be completed by the Pastor or Authorized Representative:

By my signature below,

_____ I attest to the accuracy of all statements made above and find the candidate suitable to serve as godparent, leaving the final decision to the Pastor’s prudence.

_____ I/we do not have enough information to attest to the suitability of this candidate.

Name of Candidate’s Home Parish: _____ Signature of Pastor or Delegate _____ / ____ / _____ **Date Signed**
Telephone: (____) ____ - _____