



**ST. JOHN
THE BAPTIST
CATHOLIC PARISH**

509 Harrison Avenue
Harrison, OH 45030
513-367-9086

*This form is to be filled out by the Godparent. It should be signed by the Pastor of the parish where the Godparent is registered. **This form must be returned to St. John the Baptist Church before baptism date can be set.***

CATHOLIC GODPARENT FORM FOR BAPTISM

Name of person to be baptized: _____

Name of Godparent: _____

Date of Baptism: _____

I am a member of: Name of Church _____

Address _____

City, State, Zip _____

FOR THE GODPARENT: (mark all that apply)

- I am a baptized, confirmed Catholic.
- I am sixteen years of age or older.
- If a high school student, I attend a Catholic high school or am enrolled in the Parish School of Religion.
- I am married.
- If married, I was married in a Catholic Church before a Catholic Priest or Deacon.
- I attend Mass each Sunday and holy day; I receive Holy Communion frequently.
- I understand the obligations of a Godparent for a Catholic Baptism

Signature of Godparent

SEAL OF CHURCH

Signature of Pastor _____
Date