**St. Francis of Assisi Catholic Church**

**Godparent Request Form**

 Return this form to: **St. Francis of Assisi Catholic Church**

**attn. Baptism Coordinator**

**1025 S. Union St.**

**Traverse City, MI 49684**

Dear Godparent:

It will be your privilege and duty to model the Catholic Faith for your Godchild.

You will guide them in living out their Catholic faith with the help and aid of the Holy Spirit.

Together, may you ever grow in the love of Christ for others.

Please take this form to your Parish Church to be signed by the Pastor and sealed with their church’s seal.

**Godparents must meet the following requirements:**

1. Godparents must not be the father nor mother of the child.
2. Godparents must be, at least, sixteen (16) years of age and sufficiently mature to fulfill the duties of being a godparent. There is to be only one male Godparent, one female Godparent or one of each.
3. Godparents must be fully initiated into the Catholic faith through the reception of the Sacraments of Baptism, Confirmation, and Eucharist. **A copy of your complete, annotated Baptismal Certificate is required. Contact your church of baptism for a copy.**
4. If married, the Godparent must have been married in the Catholic Church or had their civil marriage convalidated by the Catholic Church. If single, they may not be cohabitating outside of wedlock.
5. Godparents must be living in harmony with the Catholic faith, professing and confessing their Catholic faith – with the love of Christ – to all those whom they come into contact.
6. Godparents must be faithfully attending Mass and receiving the Eucharist weekly.

**PLEASE PRINT CLEARLY**

I affirm that I meet the above requirements. I will give support to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for whom I am requesting to be a godparent by my guidance, prayers, and the Catholic Christian example of my daily life.

**Place Seal of Godparent’s Church in box**

**Print Godparent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Godparent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Godparent’s Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Pastor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**