



Baptism Sponsor Eligibility Form  
SPONSOR/GODPARENT BAPTISM TESTIMONY FORM  
DIOCESE OF RALEIGH

I, \_\_\_\_\_, phone number \_\_\_\_\_  
(PRINT your Name)

testify by my signature below that I am qualified to serve as a godparent for baptism in the Catholic Church for \_\_\_\_\_.  
(PRINT Name of Infant/Child/Adult to be Baptized)

**Please circle either YES or NO for each question that follows:**

- YES NO Are you a Roman Catholic?
- YES NO Are you at least 16 years old? (See a priest or the baptism minister for exceptions.)
- YES NO Have you received Confirmation and Holy Eucharist in the Catholic Church?
- YES NO Are you free to receive Holy Communion when you come to Mass?

**Answer the following only if married:**

- YES NO Was your present marriage celebrated in the presence of a Catholic bishop, priest, or deacon or in another denomination with the written permission of a Catholic bishop? (If not please provide a written explanation.)

**Answer the following only if unmarried:**

- YES NO Are you living with another person in a romantic relationship or as a couple?

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I sign this document in the presence of a Catholic priest, deacon or pastoral minister of a Catholic parish and understand that by my signature I attest that what I have circled above is truthful.

Godparent Signature: \_\_\_\_\_

Church Representative's Signature: \_\_\_\_\_

Church Representative's Title: \_\_\_\_\_

Church Representative's Parish: \_\_\_\_\_

Church City and State: \_\_\_\_\_

Date:

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(Seal)