SAINT THOMAS THE APOSTLE
ROMAN CATHOLIC PARISH

WWW.STAPHX.ORG | 2312 E. CAMPBELL AVE PHOENIX, AZ 85016 | (602) 954-9089

GODPARENT CERTIFICATION

Please take this form to your parish Church and sig n it in the presence of the Pastor or his deleg ate who will support this with their signature and seal of the Church. Alternatively, your parish may provide its own form, bearing signature and seal, stating that you are eligible and prepared to be a Godparent. Please ask your parish Church to return this form directly to St. Thomas the Apostle.

I, _____, have been asked to be a Godparent for _____, who will be baptized at St. Thomas the Apostle, Phoenix, Arizona. **I understand that as a Godparent I am to live a life in harmony with the nature of this responsibility. I understand that this is a lifetime commitment to be a faithful witness of Catholic life to the individual I am called to serve. In particular I affirm that:**

1. I am at least 16 years old;
2. I am not the father or mother of the one to be baptized;
3. I am fully initiated in the Catholic Church through the sacraments of Baptism, Confirmation, and First Communion;
4. I am an active, practicing Catholic in full communion with the Catholic Church and strive to live a life in harmony with its teaching;
5. If married, my marriage is valid according to Church teaching.

_____

Godparent Signature Date

_____

Signature of Pastor or Delegate Date

_____ *Seal of the Church*

Church, City & State

Return to St. Thomas the Apostle 2312 E Campbell Ave Phoenix, AZ 85016 ATTN: Baptism Or email the form to mcoffman@staphx.org

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