

Blessed Kateri Tekakwitha Catholic Church

1925 Route 82
LaGrangeville, NY 12540

Phone: (845) 227-1710
Fax: (845) 227-1734

Please complete and sign this form. If you **are not** a registered member of Blessed Kateri Church, take this form to your parish to have it signed and sealed in your parish church. If you **are** a registered member of Blessed Kateri Church, call to make an appointment to meet with one of our priests. Please return the completed form to the parents.

Baptismal Godparent Certificate

I, _____, a registered member of the Roman Catholic
(Print your name as it is to appear on your Godchild's Baptismal Certificate)

parish of _____,
Name of Church City State

have been asked to be a Godparent for : _____
Child's Name

as he/she receives the Sacrament of Baptism on _____.
Date

As a Godparent, I am accepting the responsibility to be a visible representative of the Catholic Community, the Body of Christ. I will assist the parents in raising this child in the spirit and teaching of the Roman Catholic Church. I intend to encourage this child in the practice of our Catholic Faith by being a role model in the Catholic way of living through my love, example, support, and prayers. Please check all that apply:

- I am at least 14 years of age.
- I am a Catholic who has received the Sacraments of Baptism, Confirmation and Eucharist.
- I regularly participate in the celebration of Mass on Sunday and Holy Days of Obligation
- If married, were you married in the Catholic Church _____
Name of Church City/State

I attest that the information provided above is accurate: _____
Signature

Street Address City State Zip Phone Number

I certify that, to the best of my knowledge, this person is capable of assuming the duties and responsibilities of the role of Godparent.

Signature of Priest/Deacon

Date

Church Seal