

# Saint Kateri Tekakwitha 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 Saint Kateri Church, then take this form to your parish to have it **signed** and **sealed** in **your parish church**. 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: \_\_\_\_\_  
*Candidate'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 Sundays and Holy Days of Obligation.

Are you married? circle *yes* or *no*

If yes, were you married in the Catholic Church? circle *yes* or *no*

If yes, name of 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*