



BAPTISM MINISTRY

GODPARENT INFORMATION

Godmother _____ Godfather _____ Christian Witness _____

Child's name: _____

Godparent name: _____

Godparent address: _____ street _____ city _____ state _____ zip _____

Daytime phone: _____ **Evening phone:** _____

E-mail address _____

Name of Parish where you attend Sunday Mass: _____ church name _____ city _____

Are you registered in that parish?: (circle one) Yes No

I have received the following Sacraments in the Roman Catholic Church

BAPTISM YES / NO

If baptized in another Faith Tradition, please specify _____

EUCCHARIST YES / NO CONFIRMATION YES / NO

Marital Status: (circle one) Married Single

If single, are you cohabiting (Living together) YES / NO

If married, name of parish where you were married:

_____ church name _____ city _____ state _____

Godparent signature: _____ **Date:** _____