



**H O L Y T R I N I T Y C H U R C H  
G O D P A R E N T / C H R I S T I A N W I T N E S S F O R M**

Please Print or Type Information

Godparents/Christian Witness's Name: \_\_\_\_\_

Baptism Candidate's Name: \_\_\_\_\_

Godparent Contact information—

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I am a registered and participating member of the Catholic Community or Christian Community of:

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I affirm that (please check off appropriate boxes):

\_\_\_\_\_ I am a Catholic and have received the three Sacraments of Initiation; Baptism, Eucharist, and Confirmation

\_\_\_\_\_ I regularly participate in the Sunday Mass and give witness to my faith in Jesus Christ by regularly receiving Him in Holy Communion

\_\_\_\_\_ I will actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those I come in daily contact

\_\_\_\_\_ I will give support to the person I am being a Godparent to, by my prayers and by the Christian example of my daily life.

\_\_\_\_\_ I am of the Christian faith and understand that I am a Christian Witness to the above candidate.

Godparent/ Christian Witness Name: \_\_\_\_\_

Godparent/ Christian Witness Signature: \_\_\_\_\_

As a Pastor/Delegate of this Church, I confirm that the above named parishioner is worthy to be a Godparent/Christian Witness.

\_\_\_\_\_  
Pastor/Delegate's Signature

\_\_\_\_\_  
Date

(AFFIX CHURCH SEAL)