



ST. ANTHONY CATHOLIC CHURCH

PARISH CENTER : 215 LOMITA STREET

EL SEGUNDO CA 90245

PHONE: 310-322-4392 FAX: 310-322-0797

BAPTISMAL SPONSOR FORM (GODPARENTS)

I/we _____, live at

_____ in the city

of _____ in the State of _____,

and in the Parish of _____.

I have been asked by _____ to be

the Baptismal Sponsor for their child: _____.

I realize that a Baptismal Sponsor must be:

1. at least 16 years of age;
2. have received Eucharistic and Confirmation;
3. faithful in attendance of Mass on Sundays and Holy Days;
4. **married in the Catholic Church, if married;**
5. living daily Catholic Christian morals and a Catholic Christian life-style.

I declare that I am living such a life and I am asking my Pastor to confirm this fact.

Signed by Sponsor

Date

As the Pastor of _____, I confirm that he/she would make a good Baptismal Godparent/Sponsor, and that he/she does fulfill all the requirements listed in Canon 874 as listed above.

Signature of Priest or Delegate

Name of Parish

City of Parish

(Parish Seal)

Date