

St. Martin de Porres Catholic Church
2555 NE Savannah Road
Jensen Beach, FL 34957
(772) 334-4214
www.stmartindp.com

**SPONSOR/GODPARENT
ELIGIBILITY FORM**

PERSON RECEIVING SACRAMENT

Full Name of Candidate _____ for Baptism Confirmation
Parish Name _____
Parish Mailing Address _____
City, State, Zip _____ Phone (____) ____-____
Date Sacrament(s) to be Administered: Baptism _____ Confirmation _____

From the Code of Canon Law: Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 and # 893.)

SPONSOR/GODPARENT INFORMATION

Full Name _____
Mailing Address _____ Phone (____) ____-____
City, State, Zip _____ E-Mail Address _____

As to the following statements, please check the boxes for the ones that are true in your case and fill in the requested information truthfully.

- I have received the three Sacraments of Initiation of the Roman Catholic Church:
 - 1. Catholic Baptism – Date and church where Baptized: _____
 - 2. Catholic Holy Communion – Date and church of First Communion: _____
 - 3. Catholic Confirmation – Date and church where Confirmed: _____
- I am at least 16 years of age.
- I am not the parent of the person receiving the sacrament.
- If married, I have received the Sacrament of Marriage in the Catholic Church (or Convalidation in the Catholic Church) –
Date and church of marriage: _____
- If single, I am not living with someone outside of marriage.
- I participate regularly in Sunday Mass and communion as a practicing Roman Catholic. I celebrate the Sacrament of Reconciliation at least once a year. I have given witness to my faith in Jesus Christ in word and deed and strive to live out my commitment to the Gospel message.
- I have been a registered member of (parish church, city, state) _____
since (date) _____ and fulfill my obligations to the parish to the best of my ability.
- I promise to give support to (candidate's name) _____ by my prayers, continued interest in his/her spiritual growth in the Catholic faith, and the Christian example of my daily life.
- I hereby solemnly declare that I do fulfill all the requirements to act as a Sponsor/Godparent for the sacrament to be received by this candidate and that the information I have provided above is true and correct.

Sponsor/Godparent's Signature _____ Dated _____

SPONSOR/GODPARENT'S PARISH

Parish Name _____
Parish Mailing Address _____
City, State, Zip _____ Phone (____) ____-____

To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another:
 Yes No Other (please comment on reverse side)

At this parish, I serve as (circle one) Pastor, Priest, Deacon, Lay Ecclesial Minister, Parish Secretary. I am authorized to make this statement about our parishioner.

Printed Name _____
Signature _____ Dated _____