ST GABRIEL CATHOLIC CHURCH

Godparent Verification Form

Please submit this form with a copy of your Confirmation Certificate, and proof of Marriage (if applicable).

Complete one form for each Godparent (godfather and godmother).

Name of Child						
First			Last			
Name of Godparent						
First			Last			
Godparent's Address						
Street				City	State	Zip
Contact Information						
Phone			Email			
Are you married? (circle one)	Yes	Engaged	No			
If married: Please attach a copy with the notation of Marriage.	of a ce	rtificate of th	ne Sacrame	nt of Marri	age, or a Baptisi	mal Certificate
If engaged: Please attach a staten Sacrament of Marriage. This shou			-			
How often do you attend Mass?	(week	ly, monthly,	a few times	s a year)		
I promise to assist this candidate the Christian life. I promise to uplife. Finally, I attest that all the sta	hold al	l the teaching	gs of the Ca		•	
Signature of Godparent:				····		_
At what parish are you registere	ed?					
Please have the pastor of your hor	me pari	ish sign belo	W.			
Pastor's Verification I verify that to the best of my kno the role of a sponsor.	wledge	e, this person	is practici	ng their fai	th and is well su	ited to fulfill
					Affix Parish	Seal Here
Signature of Pastor						