

St. Andrew the Apostle Catholic Church
3008 Old Raleigh Road ~ Apex, NC ~ 27502 ~ (919) 362-0414
BAPTISMAL GODPARENT TESTIMONY FORM

I, _____, Phone Number: _____
(PRINT your name)

Testify by my signature below that I am qualified to serve as a godparent for baptism/confirmation in the Catholic Church for

(PRINT Name of Infant/Child/Adult to be Baptized)

Please circle YES or NO for each question that follows:

- | | | |
|-----|----|--|
| YES | NO | Are you a Roman Catholic? |
| YES | NO | Are you at least 16 years old?
(See a priest or the baptism minister for exceptions.) |
| YES | NO | Have you received Confirmation and Holy Eucharist in the Catholic Church? |
| YES | NO | Are you free to receive Holy Communion when you come to Mass? |

Answer the following ONLY if married:

- | | | |
|-----|----|---|
| YES | NO | Was your present marriage celebrated in the presence of a Catholic bishop, priest, or deacon or in another denomination with the written permission of a Catholic bishop? (If not, please provide a written explanation.) |
|-----|----|---|

Answer the following ONLY if unmarried:

- | | | |
|-----|----|---|
| YES | NO | Are you living with another person in a romantic relationship or as a couple? |
|-----|----|---|

I sign this document in the presence of a Catholic priest, deacon or pastoral minister of a Catholic parish and understand that by my signature I attest that what I have circled above is truthful.

Godparent Signature: _____

Church Representative's Signature: _____

Church Representative's Title: _____

Church Representative's Parish: _____

Church City and State: _____

Date: _____

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