



St. Paul Catholic Church

1410 Pine Street
Silverton, OR 97381
503-873-2044 ~ 503-873-0304 (Fax)
www.stpaulsilverton.com

TO BE FILLED OUT BY GODPARENT:

NAME OF CHILD TO BE BAPTIZED: _____

Godparent Name: _____

Address: _____ **City:** _____

State: _____ **Phone Number:** _____

Baptism (of Godparent):

Date	Church Name	City	State
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Confirmation (of Godparent):

Date	Church Name	City	State
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As a registered and participating member of St. Paul Catholic Church or of _____

_____ Catholic Church, I solemnly affirm that:

I have received the three Sacraments of Initiation: Baptism, Eucharist, and Confirmation.

I participate in the Mass on Sundays and Holy Days of Obligation and regularly receive Holy Communion and the sacrament of Reconciliation.

I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact daily.

I am living my Christian vocation as a single person or I have been validly married in the Catholic Church.

I realize that I assume a great responsibility before God and Church in becoming a godparent. I will give my support to the person I am sponsoring by my prayers and by the Christian example of my daily life. I will help my godchild live his/her faith in the Catholic Church.

Godparent Signature: _____

Print: _____ **Date:** _____