



# Saint Catherine of Siena Catholic Church

## Sacramental Godparent Testimony Form

I, \_\_\_\_\_, (phone number) \_\_\_\_\_ testify by my signature  
(**PRINT** your name)

below that I am qualified to serve as a Godparent for Baptism in the Catholic Church for \_\_\_\_\_.  
(**PRINT** name of infant/child/adult to be Baptized)

*As a practicing Catholic, I am aware that the request is an important opportunity for me to witness my faith and to give a good example of Catholic Life. I have consciously considered what I have been asked to do. I promise with God's assistance to fulfill my role as a Godparent to the best of my abilities.*

**Please circle either YES or NO for each question that follows:**

- YES NO Are you a Roman Catholic?  
YES NO Are you at least 16 years of age? (See a priest or the baptism minister for exceptions)  
YES NO Have you received Holy Eucharist and Confirmation 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 Catholic Church.

**Answer the following only if unmarried:**

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

### CERTIFICATION

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: \_\_\_\_\_