BAPTISM INFORMATION

Child's Full Name _____

First   Middle   Last

Birth Date _____ City, State _____

Father _____ Religion _____

First   Middle   Last

Mother _____ Religion _____

First   Middle/Maiden   Last

Address _____

Street and House/Box#

City, State, and Zip _____

Phone# Home _____ Cell _____ Work _____

Godparent _____ Religion _____

Godparent _____ Religion _____

Were you married in the Catholic Church ? _____

Do you practice your faith ? _____

_____

Baptism date requested _____

BAPTISMAL GODPARENT TESTIMONY FORM
Our Lady of Perpetual Help Roman Catholic Church
Rocky Mount, NC 27804

SEE INSTRUCTIONS ON THE OTHER SIDE

I, _____ , phone number _____ ,

      (PRINT your Name)

tesify by my signature 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)

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 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: _____

SEAL