



# Holy Family of Nazareth RCIA Sponsor/Godparent Form

**Sponsor/Godparent Name** (Please Print): \_\_\_\_\_

**Candidate Name** (First and Last – Please Print): \_\_\_\_\_

I understand that as a godparent / sponsor I regularly attend Mass; I receive the Eucharist regularly; I make use of the sacrament of Reconciliation; I am not in an irregular marriage; and I seek to be faithful to the teachings of the Church. I have received the sacrament of Confirmation and that I am at least 18 years old. I also understand that being a sponsor / godparent is a commitment of time. I will attend weekly sessions for catechesis, the celebrations of liturgical rites, and other initiation-related events to the best of my ability. I further understand that being chosen as a godparent or sponsor is a lifetime commitment to be, as I am able, a faithful witness of the Catholic way of life to the individual I am called to serve. If I am not a member of this parish I am serving, I will have my priest from my parish complete Section III below, attesting to the fact that I attend Mass regularly on Sundays and Holy Days of Obligation, follow the precepts of the Church, and possess no impediments for serving as a godparent or sponsor.

\_\_\_\_\_ Please initial after reading the above paragraph:

## I. CONTACT INFORMATION

Full Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## II. SACRAMENTAL HISTORY

1. Place Where You Were Baptized: \_\_\_\_\_  
(include **church name** (or hospital, etc.), **city, state** and **country**)

2. Confirmation Year: \_\_\_\_\_

3. Parish Where You Are Currently Registered: \_\_\_\_\_

## III. GODPARENT/SPONSOR CERTIFICATE

**NOTE:** This section must be completed if the godparent/sponsor is not a registered member of Holy Family of Nazareth.

This certifies the above named person is known to me as a parishioner in good standing. I testify that he/she is qualified to serve as a sponsor for the Sacraments of Initiation.

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish Name: \_\_\_\_\_

Parish Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_

If you have any questions please contact Jackie Scofield, [rcia@holyfamilychurch.net](mailto:rcia@holyfamilychurch.net) or 214.437.7111.