



# Incarnation Catholic Church

## Godparent/Sponsor Certificate of Eligibility

Sacrament being asked to be a Godparent/Sponsor for: Baptism\_\_\_\_\_ Confirmation \_\_\_\_\_

As a Godparent/Sponsor for:

\_\_\_\_\_  
(Name of person being baptized or confirmed)

### SPONSOR INFORMATION

I, \_\_\_\_\_, a registered member at the parish of: \_\_\_\_\_,  
(First and Last Name) (Name of Current Parish)  
have been asked to stand as a Godparent/Sponsor for: \_\_\_\_\_ as  
(Name of person receiving the Sacrament)  
he/she receives the Sacrament of Baptism or Confirmation.

**Sponsor please read carefully and sign below** as testimony that you fulfill the requirements to be a Sponsor for the Sacraments of Baptism and/or Confirmation in accordance with the Code of Canon Law (canons 872, 874, 892 and 893).

#### I now affirm by initialing:

- \_\_\_\_\_ that I am a practicing Catholic and give witness to my Catholic Faith and my belief in Jesus Christ, by frequent reception of the Eucharist and by my good example and loving response to others.
- \_\_\_\_\_ that I have received the Sacrament of Baptism, Confirmation, Holy Eucharist as well as the Sacrament of Reconciliation (Confession) when necessary.
- \_\_\_\_\_ that I am at least 16 years old
- \_\_\_\_\_ that if married, I am in a valid marriage, i.e. one that was witnessed by a Catholic Priest, in a Catholic Church, unless dispensed from the Catholic form of marriage by a Diocesan Bishop.
- \_\_\_\_\_ that I understand the responsibility I am undertaking, and I will do all in my power to assist the Catholic development of the person I intend to sponsor by the Catholic example of my own life, by my sincere prayers for him/her, and by ensuring his/her continued growth in living and learning the Catholic Faith.

\_\_\_\_\_  
**Signature of Sponsor**

**For Parish use only:** This certifies that the above named person is known to me as a parishioner in good standing and that he/she is qualified to serve as a Godparent/Sponsor of the Sacrament of Baptism or Confirmation

Parish Seal

Church of Sponsor: \_\_\_\_\_  
Address and Phone Number: \_\_\_\_\_

Priest's Name: \_\_\_\_\_

Priest's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Incarnation Catholic Church  
2929 Bee Ridge Rd. Sarasota, FL 34239  
941-921-6631