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**Saint Ann Catholic Church Colonial Heights, Virginia***17111 Jefferson Davis Highway, South Chesterfield, VA 23834  
(804) 526-2548 Fax: (804) 526-1922* [*saintann@stanncc.com*](mailto:saintann@stanncc.com)[*www.stanncc.com*](http://www.stanncc.com)

**Godparent/Sponsor Affidavit**

The role of the godparent is to assist the parents in raising the child in the practice of the Catholic Faith. We teach best by the example of our lives. For that reason the Church requires that godparents have the qualities listed below.   
 (based on the Catholic Code of Canon Law, canon 874)

**Name of Godparent/Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Receiving the Sacrament: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For the Sacrament of: Baptism ( ) Confirmation ( )**

***I, do hereby swear that I…***

* ***have been designated by the one to be baptized (if an adult); or by the parents or legal guardian (for a child), to serve as a Godparent/Sponsor***
* ***have the ability and intention of fulfilling the role of Godparent/Sponsor***
* ***am at least 16 years of age***
* ***am a Catholic who has been baptized, confirmed and received Eucharist***
* ***lead a life of faith in keeping with the role of Godparent (actively practicing my Catholic Faith)***
* ***am not bound by any canonical penalty (if married, current marriage is a valid Catholic marriage)***
* ***am not the father or mother of the one to be baptized/confirmed***

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Signature of Godparent / Sponsor Date**

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Signature witnessed by Godparent’s pastor or designated parish representative Date**

**Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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