



CHOLASTICA

7800 Janes Avenue  
Woodridge, Illinois 60517

## Godparent Sponsor Form for BAPTISM

Sponsor/Godparent's Full Name: \_\_\_\_\_

I have been asked to be a Godparent for (name of child):

\_\_\_\_\_

### **TO BE COMPLETED by GODPARENT'S/SPONSOR'S PARISH:**

NAME OF SPONSOR/GODPARENT: \_\_\_\_\_

is a member of this parish, is a practicing Catholic and is qualified to act as a sponsor for the Sacrament of Baptism.

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

Pastor name printed: \_\_\_\_\_

Name of Parish, city, state: \_\_\_\_\_

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

Parish SEAL