



CHOLASTICA

7800 Janes Avenue  
Woodridge, Illinois 60517

## Godparent / Sponsor Form

Sponsor or Godparent's Full Name:

\_\_\_\_\_

I have been requested to be a Sponsor or Godparent for:

\_\_\_\_\_

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

That \_\_\_\_\_ ,  
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: \_\_\_\_\_

Parish, city, state: \_\_\_\_\_ Date: \_\_\_\_\_

Parish SEAL