**St. Francis Xavier Catholic Church**

455 Table Rock Road

Gettysburg, Pa 17325

Phone: (717) 334-3919

**✠  ✠  ✠  ✠  ✠  ✠  ✠**

**CANDIDATE/CATECHUMEN SPONSOR FORM**

***Pastors must ascertain the spiritual qualifications of baptismal sponsors (godparents).  To be permitted to take on the role of sponsor a person must: a) have completed the sixteenth year of age; b) be a practicing Catholic who has received Confirmation and First Holy Communion; c) not be the father or mother of the child.  Further, there is to be only one male sponsor or one female sponsor or one of each; a baptized person who belongs to a non-Catholic ecclesial community may serve as a witness to the baptism together with a Catholic sponsor.***

Sponsor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child(ren) to be Baptized (or Catechumen/Candidate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Sponsor’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a practicing Catholic in word and deed:   ☐ YES    ☐ NO

I have received the sacraments of Baptism, Confirmation and First Holy Communion in the Roman Catholic Church:       ☐ YES    ☐ NO

I am:     ☐ Single     ☐ Married     ☐ Divorced     ☐ Widowed

If married, were you married in the Catholic Church:   ☐ YES   ☐ NO

I attend Mass:   ☐ Weekly   ☐ Every Other Week   ☐ Once a Month   ☐ Occasionally   ☐ Never

Sponsor’s Home Parish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      (Arch) Diocese \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that this person is a registered parishioner and an active witness of Catholic Faith in both word and deed and is able to perform the duties of a sponsor.

                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

     Signature of Sponsor’s Pastor                   Date