***St. Stephen Catholic Church***

*10118 Saint Stephen Circle, Riverview, Florida 33596-7110*

*813-689-4900/Fax#813-654-8985*

***Faith Formation Office***

*10428 St. Stephen Circle, Riverview, Florida 33569-8732*

*813-671-4434/Fax#813-671-2994*

**Godparent / Sponsor Certificate of Eligibility Form**

Print full name of Candidate who is receiving Sacraments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Baptism of Children \_\_\_\_\_\_\_\_
* Rite of Christian Initiation of Adults \_\_\_\_\_\_\_\_
* Rite of Christian Initiation of Adults for Youth
* 8th & High School Confirmation \_\_\_\_\_\_\_
* High School Confirmation \_\_\_\_\_\_\_\_
* **Adult Confirmation\_\_\_\_\_\_\_\_**

Dear Brother or Sister in Christ,

We are delighted that you have been asked to be a godparent or sponsor for the Sacrament of Baptism or Confirmation. What an honor! You have been chosen because of the way you live and share your Catholic Faith. It will be your role to help the newly baptized or confirmed to lead a life in harmony with the Gospel. One of the most effective ways to share one’s faith is through example.

*St. Stephen Parish Family*

Therefore, to be eligible to serve as a godparent/sponsor, you must be an active Catholic and meet the following requirements:

Please read and affirm the following by placing a check mark in each designated circle:

* I am at least 16 years of age.
* I have celebrated the Sacraments of Baptism, Confirmation and Eucharist (First Communion).
* I am single
* **IF PRESENTLY MARRIED**: My marriage was celebrated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Catholic Church.**
* I participate in Sunday Mass regularly.
* I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.
* I am a parishioner at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Catholic Church, located

at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I affirm that I meet all the necessary requirements to act as a Godparent/Sponsor:***

***Signature*** of Godparent/Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: If your godparent/sponsor are members of another parish they will need a godparent/sponsor eligibility form

from their parish that attests to their qualification as a godparent/sponsor. **Please note, parents of children and youth cannot serve as sponsors for their child and/or youth.**

***This Section below is completed by Godparent/Sponsor Parish Only:***

*To Whom it May Concern:*

We are pleased to be able to issue this testimonial letter. The individual whose name is signed above is a practicing Catholic who is a registered member of this parish at least six (6) months. To the best of our knowledge, this person is qualified to be a sponsor for anyone receiving the Sacrament of Baptism or Confirmation.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the Office of Faith Formation, St. Stephen Catholic Church** *Parish Seal*

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

*Faith Formation Office/Sacraments/2021*