



# ST. GENEVIEVE CATHOLIC CHURCH

815 Barbier Avenue, Thibodaux, Louisiana 70301

Phone: (985) 446-5571 • Fax: (985) 449-1939

## GODPARENT ELIGIBILITY FORM

*Please have the godparent fill this form. This document must contain both the godparent's signature and the certification from the priest of the parish where the godparent is registered and attends Sunday Mass regularly. Please return this form to St. Genevieve Catholic Church by mail. Thank you.*

NAME OF GODPARENT: \_\_\_\_\_

ADDRESS OF GODPARENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Name & Address of the Catholic Church where the Godparent is registered:

\_\_\_\_\_



As godparent for \_\_\_\_\_, I declare that:

- I am at least 16 years of age
- I am a baptized Catholic who has completed my initiation in the Catholic Church through the Sacrament of Confirmation
- I am a registered, active and supporting member of the Catholic Parish stated above
- I am not subject to any canonical impediment due to cohabitating or in a civil marriage outside the Catholic Church, or censured by the Church or prohibited by Church authorities
- I believe what the Catholic Church teaches and I make a serious effort to live my life according to the Gospel and worthy of imitation by the person I am sponsoring. I realize the great honor and responsibility placed on me before God and the Church in serving as a godparent. I intend to encourage and support the person I am sponsoring in the practice of the Catholic faith by my word and example.

*[Please note that all of the above must be checked by the godparent personally and not by anybody else in order to be eligible. By checking all of the above, the godparent declares, with God as his or her witness, all of them to be true.]*

\_\_\_\_\_  
Signature of Godparent



*This section is to be completed by the priest of the parish where the godparent is registered and attends mass. Please affix also the seal of the parish. If the priest wishes to include additional remarks, please do so at the back of this page.*

Name of Catholic Priest: \_\_\_\_\_

Name of Church Parish: \_\_\_\_\_

Address of Church Parish: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Priest: \_\_\_\_\_ Date: \_\_\_\_\_