



**Baptismal Godparent Testimony Form
Holy Trinity Catholic Church
Springfield, Missouri**

I, _____, phone number _____,
(Clearly PRINT name)

Testify by my signature below that I am qualified to serve as a godparent for baptism in
the Catholic Church for _____.

Please circle either YES or NO for each question that follows:

- YES NO Are you a Roman Catholic?
- YES NO Are you at least 16 years old? (See a priest or the DRE for exceptions)
- YES NO Have you received Confirmation and Holy Eucharist in the Catholic Church?
- YES NO Are you free to receive Holy Communion when you come to Mass?
- YES NO Are you a registered member of your parish?

Answer the following only if married:

- YES NO Was your present marriage celebrated in the presence of a Catholic bishop priest, or deacon or in another denomination with written permission of a Catholic bishop? (If not, please provide a written explanation.)

I sign this document in the presence of a Catholic priest or deacon of a Catholic parish and understand that by my signature I attest that what I have circled above is truthful.

Godparent Signature: _____

Church representative's signature: _____

Church representative's title: _____

Church representative's parish: _____

Church City and State: _____

Official Parish Seal below