

**GODPARENT FORM FOR THE SACRAMENT OF BAPTISM  
CHURCH OF SAINT MICHAEL STILLWATER MINNESOTA**

CHILD'S NAME \_\_\_\_\_ DATE OF BAPTISM \_\_\_\_\_

**Baptism: The First Sacrament**

"Holy Baptism is the basis of the whole Christian life, the gateway to life in the Spirit (vitae spiritualis ianua) the door which gives us access to the other sacraments. Through Baptism we are freed from sin and reborn as sons of God; we become members of Christ, are incorporated into the Church and made sharers in her mission: 'Baptism is the sacrament of regeneration through water in the word.'"

*Catechism of the Catholic Church Paragraph 1213*

**The Role of a Godparent for Baptism**

The role of a Godparent is to assist by faith and example the parents of the child being presented for Baptism. Godparents are to assist the baptized in leading a life in harmony with Baptism, and to faithfully fulfill the obligations connected with this.

*Code of Canon Law canon 872*

Sponsor's Full Name (print) \_\_\_\_\_

***Sponsors for the Sacrament of Baptism must be Catholics who have been baptized and confirmed and have received the Sacrament of Holy Communion. They must be in good standing with the Catholic Church and must lead a life in harmony with the faith in keeping with the responsibility to be undertaken.***

Godparent, please read and check the following affirmations:

\_\_\_\_\_ I am at least 16 years of age.

\_\_\_\_\_ I have celebrated the Sacraments of Baptism, First Communion and Confirmation.

\_\_\_\_\_ I am an active Catholic and attend Mass regularly.

\_\_\_\_\_ IF MARRIED: I was married in the Catholic Church.

\_\_\_\_\_ I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully. I promise to assist this child to live the Christian life.

Sponsor's Signature \_\_\_\_\_

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***To be completed by Godparent's current parish***

This is to certify the person named above understands and meets the requirements of a Godparent and is a registered member of this parish in good standing.

Godparent's Pastor: \_\_\_\_\_

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

Church: \_\_\_\_\_

Address : \_\_\_\_\_

Church Seal:

Please return to Church of St. Michael, 611 S Third St Stillwater MN 55082  
or via Email: [info@costm.org](mailto:info@costm.org) Fax: 651-430-3271  
Phone: 651-439-4400