



St. Francis Catholic Church

15651 SW Oregon St
Sherwood, OR 97140

503-625-6185
church@stfrancissherwood.org

TO BE FILLED OUT FOR GODPARENT #2:

Name of Godparent: _____

Address: _____ **City** _____ **State** _____

NAME OF PERSON TO BE BAPTIZED: _____

As a registered and participating member of St. Francis' Catholic Church

Or of: _____ Catholic Church,

I solemnly affirm that:

I am sixteen years of age or older.

I have received the three sacraments of Initiation; Baptism, Confirmation and Eucharist.
(provide a copy of your confirmation certificate)

I participate in the Mass on Sundays and Holy Days and regularly receive the Sacraments of Holy Communion and Reconciliation.

I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact daily.

I am living my Christian vocation as a single person or I have been validly married in the Catholic Church.

I realize that I assume a great responsibility before God and the Church in becoming a godparent. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life. I will help my godchild live their faith in the Catholic Church.

Godparent's Signature: _____

Print Name: _____

Date

Parish Witness: _____

Date

Parish Seal Above