



**St. Thomas Aquinas Catholic Church**  
1321 N. Stratford  
Wichita, KS 67206  
Phone: (316) 683-6569 / Fax: (316) 683-6672  
E-mail: [church@stthomaswichita.com](mailto:church@stthomaswichita.com)

## **GODPARENT ENDORSEMENT FORM**

***THIS FORM IS TO BE SIGNED & RETURNED TO ST. THOMAS AQUINAS PARISH  
PRIOR TO THE SCHEDULED BAPTISM***

I WILL BE THE GODPARENT FOR \_\_\_\_\_  
(Please print child's name)

I AM A REGISTERED PARISHIONER OF \_\_\_\_\_  
(Please print the name of your Parish, City, State)

I RECOGNIZE....

That by accepting the role of Godparent I am responsible to be a model of a committed and active Catholic and to be a support to the parents of this child in the practice of our mutual faith.

I am committed to my Catholic faith; I am baptized and confirmed in it; I am at least 16 years of age; I receive the Sacrament of Holy Eucharist; I am not married outside the Church or otherwise compromised in my own sacramental life.

I meet the fundamental obligations as a Roman Catholic by weekly participation in Sunday Mass, by receiving the Eucharist frequently and Penance as necessary. I am open to the word of God as revealed in Scripture and taught by the Catholic Church.

I profess my complete loyalty and fidelity to our Holy Father, the Pope, as the Vicar of Christ and the successor of St. Peter.

I promise to give my support to the child for whom I will be a Godparent, by the Christian example of my daily life as a Roman Catholic.

GODPARENT'S NAME \_\_\_\_\_  
(PLEASE PRINT GODPARENT'S NAME)

GODPARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



\_\_\_\_\_  
Signature of Parish Priest

Please return to: St Thomas Aquinas Catholic Church  
321 N. Stratford Ln.  
Wichita, KS 67206