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

GODPARENT CERTIFICATE OF ELIGIBILITY

THIS FORM IS TO BE SIGNED & RETURNED TO ST. THOMAS AQUINAS PARISH PRIOR 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)

Canon 872, 873, and 874 of the code of Canon Law list those requirement for the valid and lawful sponsorship in Baptism. The Godparent's role is, together with the parent, to present the child for the Sacrament and help him/her to live a life befitting a Baptized Catholic Christian. Only one male sponsor or one female sponsor or one of each.

A Godfather/Godmother:

Yes / No Must be mature enough to undertake the responsibility.
Yes / No Must have received the three Sacraments of Initiation, namely Baptism, Eucharist and Confirmation.
Yes / No Must be at least 16 years of age.
Yes / No Must know the fundamental truths of Faith and be a practicing Catholic who goes to Mass on Sunday, receives the Sacraments regularly, and sees to the religious instruction of his/her family.
Yes / No Must be a member of the Catholic Church, canonically free to carry out this office. This would indicate that Catholics publicly living in an invalid marriage (not married in or had your marriage blessed in the Catholic Church), and those who are co-habiting (living together without marriage) are ineligible.
Yes / No Must not be the father or mother of the one to be baptized.

Being a godparent is not just an honor given to a good friend or relative; it implies a real appreciation of the Faith, a practice of the same, and a sense of responsibility towards the child and parents of the baptized.

I HEREBY ACCEPT these responsibilities and testify that I fulfill the requirements to serve in the ministry of godparent.

GODPARENT'S NAME _____
(PLEASE PRINT GODPARENT'S FULL LEGAL NAME)

GODPARENT'S SIGNATURE _____ DATE _____

To be completed by current parish.

I HEREBY TESTIFY that _____

is a registered member of _____

and affirm that he/she fulfills all the requirements to serve in the role of godparent.

Affix Parish Seal

_____ _____
Signature of Parish Priest Date

Please return to: church@stthomaswichita.com or mail to:
St Thomas Aquinas Catholic Church,1321 N. Stratford Ln.,Wichita, KS 67206