



Holy Spirit Catholic Church

1800 S.W. 150 Highway • Lee's Summit, Missouri 64082

www.holyspiritmo.org

Office (816) 537-6990 • Fax (816) 537-8104

Godparent or Sponsor in Good Standing

I _____ (please print) have been asked to be a sponsor for

_____ (please print candidate's first and last name). I am a registered

parishioner of _____ in _____, _____ (city, state).

My Telephone number is: _____ and Email: _____.

A **godparent/sponsor** is an important person in the life of the person to be confirmed. They are: **1)** a spiritual role model, **2)** an example of the Christian life, and **3)** the official representative of the Body of Christ, the Church. They are to be a source of guidance, support, and inspiration to this candidate on his or her faith journey and, when appropriate, help the parents in the Christian formation of this candidate.

Circle either **Yes** or **No** for each question:

- | | | |
|------------|-----------|--|
| YES | NO | Are you a practicing Catholic who regularly participates in Mass on Saturdays/Sundays and Holy Days of obligation? |
| YES | NO | Are you at least 16 years of age? |
| YES | NO | Have you received all three Sacraments: Baptism, Confirmation, and the Eucharist? |
| YES | NO | Will you support the candidate for whom you will be Godparent/Sponsor by the Christian example of your daily life as a Roman Catholic? |
| YES | NO | Are you married? (please respond to the statement below that applies to you) |
| YES | NO | If married , were you married in the Catholic Church? |
| YES | NO | If unmarried , are you living with another person in a romantic relationship as a couple? |
| YES | NO | Are you the parent of the person being Baptized or Confirmed? |

I affirm I meet the qualifications and accept the responsibilities of being a godparent/sponsor. I am an active and participating Catholic and promise, to the best of my ability, to serve as an example in encouraging this candidate to participate in the sacramental life of the Church.

Godparent/Sponsor signature _____ Date: _____

Pastor/Delegate (please print) _____

Pastor/Delegate Signature _____

Parish
Seal

Email or mail to RNave@holyspiritmo.org or 1800 MO 150, Lee's Summit, MO 64082