

# St. Bartholomew the Apostle Catholic Church

5356 Eleventh Street, Katy, Texas 77493 \* Office: 281-391-4758 ~ Fax: 281-391-3978  
Mail, fax, or email to [patty@st-bart.org](mailto:patty@st-bart.org)

## GODPARENTS Affirmation of Eligibility

*If single, separate form to be completed and signed by each godparent*

**Godfather's Name:** \_\_\_\_\_  
Catholic Yes { } No { }

**Godmother's Name:** \_\_\_\_\_  
Catholic Yes { } No { }

Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

Home Phone: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Member(s) of \_\_\_\_\_  
*Name of Catholic Church City/State*

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### **Please answer the following questions:**

- Are you?..... Single ( ) Married ( )
- If married, are you married in the Catholic Church? ..... Yes ( ) No ( )

If your answer is "Yes": Date of Catholic Marriage: \_\_\_\_\_

Name of the church: \_\_\_\_\_

Church address: \_\_\_\_\_  
*City State Country*

- Have you received all your Catholic sacraments?..... Yes ( ) No ( )  
*(Baptism, First Eucharist & Confirmation for Catholics)*
- Are you a baptized Christian, not a Catholic,  
who will serve as a Christian Witness? ..... Yes ( ) No ( )

My Signature below affirms that I have truthfully answered all of the questions above and I am eligible to serve as a Godparent or Christian Witness at a Catholic Baptism.

Signature of Godparent \_\_\_\_\_

### **Godchild Information:**

Godchild's Name: \_\_\_\_\_  
*First Last*