



**GOOD SHEPHERD**  
*Catholic Community*

*Certificate of Eligibility*

Return to: 1000 Tinker Road  
Colleyville, Texas 76034  
P: 817-421-1387

WITNESS SPONSOR FOR: \_\_\_\_\_  
(Name of person to be baptized)

to be baptized at Good Shepherd Catholic Church  Other *Parish Name & Address* \_\_\_\_\_  
\_\_\_\_\_

**GODPARENT INFORMATION**

I \_\_\_\_\_  
(please print first and last name, initial each statement and sign below)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.

Name and City/State of parish where I was Confirmed/received into the Church:  
\_\_\_\_\_

Confirmation/Reception Date: \_\_\_\_\_

I lead a sacramental life in harmony with the Church by participating in the Mass on Sundays and Holy Days and receive the Sacraments of Eucharist and Reconciliation regularly.

(If married) I am validly married according to the laws of the Catholic Church.  Not married.

I am at least 16 years of age.

I realize that I assume great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations to assist the parents in developing the faith life of the child.

**By my signature I attest to the truth of these statements**

\_\_\_\_\_

Godparent Signature

**MUST BE COMPLETED AND STAMPED WITH SEAL BY THE SPONSOR'S CURRENT PARISH**

I, \_\_\_\_\_, verify the above criteria is true and \_\_\_\_\_ is a suitable Godparent candidate.  
(Parish Priest/Delegate) (Godparent)

Priest/Delegate Signature: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM / DD / YYYY)

