

## Godparent Affidavit for Baptism

Name of child to be baptized (print):		
Name of Godparent (print):		
Address:	City/State:	Zip:
Email:	Phone:	
him/her live as a faithful Christian in comm	ess at the baptism, to foster the faith of your Counion with and according to the teachings of the Godparents be people who are living the Ca (74):	the Roman Catholic
Communion, and Confirmation.  As a practicing Catholic, I attend  If I am married, my current married.	d Mass on Sundays and Holy Days of Obligation of the control of th	on. d in
(City / State / Country)  I am not the parent of the child	member of the Catholic parish named below	Church)
Signature of prospective Godparent:	Date:	
☐ I am a registered member of St. Eli	zabeth Ann Seton Roman Catholic Church, Las	; Vegas, NV.
Your parish is	to complete the information below.	
I certify that (print)	is a registered mem	ber of our parish.
Parish Name:		Parish Seal
Address:	City/State:	
Signature of Pastor / Delegate:	Date:	