



Saint Bernard of Clairvaux Church

7130 Harrison Avenue

Cincinnati, OH 45247

stbernard@cinci.rr.com - 513-353-4207 fax: 513-353-9600

This form is to be filled out by the Godparent. It should be signed by the Godparent's Pastor of the parish where the Godparent is registered. This form must be returned to St. Bernard Church before baptism date can be set.

CATHOLIC GODPARENT FORM FOR BAPTISM

Name of person to be baptized: _____

Name of Godparent: _____

Date of Baptism: _____

I am a member of: Name of Church _____

Address _____

City, State, Zip _____

FOR THE GODPARENT: (mark all that apply)

- I am a baptized, confirmed Catholic.
- I am sixteen years of age or older.
- If a high school student, I attend a Catholic high school or am enrolled in the Parish School of Religion.
- I am married.
- If married, I was married in a Catholic Church before a Catholic Priest or Deacon.
- I attend Mass each Sunday and holy day; I receive Holy Communion frequently.
- I understand the obligations of a Godparent for a Catholic Baptism

SEAL OF CHURCH

Signature of Godparent

Signature of Pastor

Date