



**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*