



St John the Evangelist Parish  
711 N. Francis St.  
Jackson, MI 49201-1418  
517-784-0553 Fax: 517 788-5381

Child's Name: \_\_\_\_\_

## Godparent Information Letter

### Godparent:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish where registered: \_\_\_\_\_

### To the Godparent's Pastor:

*As a member of this parish and practicing member of the Catholic faith, I consider the above named person qualified to act as a Godparent for the Sacrament of Baptism.*

Pastor's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Name/Address of parish: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

PARISH SEAL  
HERE PLEASE

Todd D. Gale  
Director of Faith Formation  
todd@stjohnjackson.org

Angel Koerkel  
Coordinator of Sacramental Prep  
angel@stjohnjackson.org