



ST. JOHN THE EVANGELIST
PARISH
COME AND SEE

711 N. Francis St
Jackson, MI - 49201
517-784-0553

OFFICE HOURS:
Monday-Friday
8:00am-4:00pm

Name of Person to receive sacrament: _____

Sacrament: () Baptism
() Confirmation

Godparent/Sponsor Letter

(This letter must be completed and signed by the Godparent/sponsor, and then signed and sealed by a Priest or authorized delegate at the parish where the Godparent/sponsor is registered and attending)

Godparent/Sponsor:

First Name: _____ Last Name: _____

Maiden Name: _____

Mailing address: _____

Email address: _____ Phone: _____

Code of Canon Law #872-4 (summary): "To be permitted to take on the function of a sponsor a person must: ... have the aptitude and intention of fulfilling this function; have completed the sixteenth year of age; be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on; not be bound by any canonical penalty legitimately imposed or declared."

By my signature, I am testifying under oath in the Divine Name that:

1. **I am a Roman Catholic** and have celebrated all of the Sacraments of Initiation (Baptism, Eucharist, Confirmation)
2. **I participate regularly in Sunday Mass** and Holy Days of Obligation
3. **I give witness** to my faith in Christ Jesus **by receiving** Him in **Holy Communion** at Mass **and celebrating the sacrament of Reconciliation** at least once a year
4. If married, **I am married according to the laws of the Catholic Church**
5. **I am at least 16 years of age** or will be by the date of Baptism/Confirmation for which I will be a sponsor
6. **I am aware that I am assuming a serious, lifelong responsibility** to be a good role model in the Catholic faith by my life and my prayer

Signature: _____ Date: _____

To the Godparent's Pastor:

The above information is true to the best of my knowledge and I consider the above named person qualified to act as a Sponsor for the Sacrament of Baptism/Confirmation.

Pastor's/approved delegate's signature: _____

Printed name: _____

Name/Address of parish: _____

Date: _____

Please return this letter to:

St. John the Evangelist
attn: Faith Formation Dept
711 N. Francis St.
Jackson, MI 49201