Congratulations on being asked to be a Sponsor/Godparent. Your role as Sponsor/Godparent is very important. Sponsors/Godparents are not only asked to be present at the ritual of the upcoming sacrament for your candidate, but are also expected to take an active role in the spiritual development and life of the candidate before and after the sacrament. It is important that you support the whole family of the candidate in their spiritual growth, understanding, and active participation in the church community.

Name of the person (child) to receive the Sacrament: ________________________________

If a child, name of parents: __________________________________ and __________________________________

Your name: ________________________________________________

I am a registered and participating member of ________________________________

City: ___________________________ State _________________

Check the following that apply to you:

☐ I am at least 16 years of age, and I have received the Sacrament of Confirmation.

☐ If married, I have received the Sacrament of Matrimony for my marriage.

☐ I regularly participate in the Mass on Sunday and Holy Days of Obligation and strive to take an active role in the life of my parish.

☐ I strive to live out the Gospel in my daily life and encourage others to do so.

☐ I promise to support the person (child) I am sponsoring through my continued interest in the development of their Catholic faith, especially through my personal prayer and Christian example.

Your signature: ________________________________________

*This section must be completed before returning your form*

FOR PRIEST OR PASTORAL STAFF AT YOUR PARISH

Name of Parish ____________________________________________

City _____________________________ State ________ Zip ________

☐ I attest that the above person is a registered and active member of our parish community.

Pastor/Pastoral Staff Name _________________________________

Pastor/Pastoral Staff Signature ______________________________

Date ____________________________

Please return the completed form by mail, email, or fax

Please return to:
Sacraments
Sacred Heart Church
9460 NE 14th Street
Bellevue, WA 98004
sacraments@sacredheart.org
phone: (425) 454-9536
fax: (425) 450-3909