



# ST. THOMAS AQUINAS YOUTH MINISTRY

SAINT THOMAS AQUINAS CATHOLIC CHURCH  
13720 WEST THOMAS ROAD, AVONDALE, AZ 85392

## GODPARENT FORM FOR BAPTISM

TEEN NAME (FIRST, M, LAST)

HOME PHONE NUMBER

Our journey of faith begins at Baptism. This Sacrament of Christian Initiation is "the gateway to life in the Spirit, and the door which gives access to the other sacraments" (CCC 1213). In Baptism we are cleansed of Original Sin and any personal sin. We become children of God and members of the Church. We receive the grace to lead lives of holiness. We are also given the hope of eternal life.

Parents take responsibility for choosing a godparent who will serve as a good example for living the Catholic way of life. A godparent can also serve as a sponsor of the child at Confirmation. It is customary to have two godparents, however, only one is required for Baptism. A godparent may be either male or female. If two godparents are chosen, one must be male and one female. One godparent must be fully initiated Roman Catholic, (baptized, confirmed and regularly receiving the Eucharist), at least sixteen years of age, must be leading a life in harmony with the Faith and must be free of any canonical impediment. A secondary godparent may be a Christian Witness (practicing Christian but not Roman Catholic). If you are in need of Christian Witness paperwork, contact the office. Parents, step-parents or adoptive parents are not allowed to be godparents. (CCC 1255; Canon 872, 873, 874).

**NOTE:** Please fill in your child's information above. Give this form to the person you have chosen to be your child's Baptismal Godparent, so that the Church where they reside may fill in the information in the boxes below.

**OR:** If the Godparent is from another Parish Church, that parish may provide a letter of good standing. Please ask that Parish Church to return their letter/form to St. Thomas Aquinas Parish Office at the above address.

**PROXY:** If the Godparent cannot attend the Easter Vigil Mass, a proxy may be chosen to stand in

Name of Proxy if used \_\_\_\_\_

## GODPARENT INFORMATION

FULL NAME (FIRST, M, LAST)

MALE / FEMALE

GRADE IN SCHOOL

CURRENT ADDRESS

CITY & STATE

ZIP CODE

PHONE NUMBER

RELIGION

RELATIONSHIP TO TEEN

## CHURCH WHERE GODPARENT RESIDES (TO BE FILLED OUT BY PARISH REPRESENTATIVE)

NAME OF CHURCH

ADDRESS OF CHURCH

CITY & STATE

ZIP CODE

I certify that the person named above is qualified to be a Godparent.

DATE & PARISH SEAL

SIGNATURE / TITLE OF PARISH REPRESENTATIVE