



ST. ISIDORE CATHOLIC CHURCH

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GODPARENT/SPONSOR FORM

CANDIDATE TO RECEIVE SACRAMENT

NAME (First and Last): _____

AGE: _____

REQUIREMENTS FOR GODPARENT/SPONSOR

- Godparent/Sponsor must be at least 16 years old.
- Godparent/Sponsor must be in good standing with the Catholic Church.
 - Must be a practicing Catholic (*Attend Sunday Mass weekly*).
 - Must have received the Sacraments of Baptism, Communion, and Confirmation
 - If married, or living with their significant other, they must be married in the Catholic Church.
- Godparent/Sponsor cannot be the candidate's parent.

GODPARENT/SPONSOR CONTACT INFORMATION

Name (First & Last): _____

Date of Birth: _____ **Age:** _____ **E-mail:** _____

Address: _____

City, State, Zip: _____ **Phone #:** _____

GODPARENT/SPONSOR SACRAMENTAL INFORMATION

SACRAMENTAL INFORMATION: Please indicate your responses with an X.

Has the Godparent/Sponsor been **BAPTIZED**? Yes ___ No ___ In a Catholic Church?: Yes ___ No ___

Has the Godparent/Sponsor received their **FIRST HOLY COMMUNION**? Yes ___ No ___ In a Catholic Church?: Yes ___ No ___

Has the Godparent/Sponsor been **CONFIRMED**? Yes ___ No ___ In a Catholic Church?: Yes ___ No ___

MARITAL STATUS: Please indicate your response with an X.

___ Single - Not living with significant other ___ Single - Living with significant other
 ___ Married - In the Catholic Church ___ Married - Civil marriage only ___ Other _____

I AM A PARISHIONER OF:

Name of Church: _____ **City:** _____ **State:** _____

Since (Year): _____ **Catholic Church?** Yes ___ No ___ **Attend Mass weekly?** Yes ___ No ___

By signing this form, I agree that all of my information is true and correct. I understand this does not mean that I am eligible to be a Godparent or Sponsor for the Candidate listed above.

Godparent Signature: _____ **Date:** _____

FOR USE BY THE PARISH OF THE GODPARENT/SPONSOR

Is a Registered Parishioner?: Yes ___ No ___

Has completed Godparent/Sponsor classes: Yes ___ No ___ **Date:** _____

Has permission to be a Godparent outside of this Parish: Yes ___ No ___

To the best of my knowledge this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another.

Yes ___ No ___ **Other:** _____

Parish: _____

Date: _____

Signature: _____

