



# The CATHOLIC CHURCH of ST JOHN the EVANGELIST CALGARY

*A Roman Catholic Parish of the Personal Ordinariate of the Chair of Saint Peter*

## BAPTISMAL GODPARENT TESTIMONY FORM

I, \_\_\_\_\_  
(PRINT your name)

testify by my signature below that I am qualified to serve as a Godparent for Baptism in the Catholic Church for

\_\_\_\_\_  
(PRINT name of infant/child/adult to be Baptised)

Please circle either YES or NO for each question that follows:

- YES NO Are you a Roman Catholic?
- YES NO Are you at least 16 years old? (contact the Parish Priest for exceptions)
- YES NO Have you received Confirmation and First Holy Communion in the Catholic Church?
- YES NO Are you free to receive Holy Communion when you come to Mass?

Answer the following only if you are married:

- YES NO Was your present marriage celebrated in the presence of a Catholic bishop, priest or deacon, or in another denomination with the written permission of a Catholic bishop? (If not, please provide a written explanation)

Answer the following only if unmarried:

- YES NO Are you living with another person in a romantic relationship, or as a couple?

.....  
I sign this document in the presence of a Catholic priest or deacon of a Roman Catholic parish and understand that by my signature I attest that what I have circled above is truthful.

Godparent's Signature : \_\_\_\_\_

Priest/Deacon's Signature : \_\_\_\_\_

Priest/Deacon's Title : \_\_\_\_\_

Priest/Deacon's Parish & Address : \_\_\_\_\_

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

*Please return this form via post or e-mail to:*

*1423 8th Avenue S.E., Calgary, Alberta, T2G 0N1, Canada | [frkenyon@calgaryordinariate.com](mailto:frkenyon@calgaryordinariate.com) | 403.764.6827*