



# St. John the Evangelist Catholic Church, Calgary

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

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## 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 8 Avenue S.E., Calgary, Alberta, Canada T2G 0N1**  
**frmartens@calgaryordinariate.com | 403.218.5528**