

Our Mother of Good Counsel Parish
16043 S. Bell Road, Homer Glen, IL 60491
Office: (708) 301-6246 FAX: (708) 301-6356

GODPARENT FORM

Please take this form to your Parish and sign it in the presence of your Pastor or Church Official who will support this with their signature and seal of the Church.

I, _____, have been asked to be a Godparent for the Baptism of _____ who will celebrate this Sacrament at Our Mother of Good Counsel Church in Homer Glen, IL.

I affirm that:

1. I am at least 16 years old.
2. I am fully initiated into the Catholic Church through the Sacraments of Baptism, Eucharist and Confirmation and I am striving to live a life in harmony with the Church.
3. I am an active and participating Catholic and promise to the best of my ability to serve as an example in encouraging the child to participate in the Sacramental life of the Church.

Godparent Signature

Date

Signature of Pastor or Church Official

SEAL OF THE CHURCH

Date