

The bottom portion of this form is to be filled out by the **parish** to which the godparent belongs.



Holy Family Catholic Church
2606 Washington Ave.
Granite City, IL 62040
618/877-7158
618/877-7105 (fax)

Godparent Verification of Parish Registration

Dear Pastor,

_____ has been chosen to be a godparent
(Name of godparent)

For _____, the son/daughter of
(Name of child)

(Name of parents)

Please use the space below to verify that this godparent is a registered, practicing member of Your parish. We are grateful for your assistance. Thank you.

Sincerely,

Fr. Stephen A. Thompson
Pastor

According to our parish records, and to the best of my knowledge:

(Name of godparent, Street address, City, State)

- Is a registered member of our parish..... Yes No
- Is an active, practicing member of our parish..... Yes No Unknown
- Is baptized and confirmed in the Catholic faith..... Yes No Unknown
- Is at least 16 years of age..... Yes No Unknown
- Is not bound by an canonical penalty Yes, is bound No, is not bound Unknown

(Pastor/Administrator Signature)

Date _____

(Parish Name, City, State)

Parish Seal