



**Good Shepherd Catholic Church
9539 Racquet Court
Elk Grove, CA 95757
Telephone (916) 684-5722 Fax (916) 684-4472**

To be signed by Prospective Godparent's Pastor or his authorized representative

Godparent Parish Verification

Date: _____

To: _____
(Name of Parish)

(Mailing Address)

(City) (State) (Zip Code)

_____, who states that he/she, is a registered member of
(Name of Godparent)

your parish, _____ desires to serve as a Baptism Godparent for
(Name of Parish)

_____, who is to receive Baptism at Good Shepherd Catholic Church.
(Name of Child)

This is to verify that: I am a confirmed, active practicing Catholic.
I am over the age of 15.
I am/am not (circle one) married. If married, I am/am
not (circle one) married in the Catholic Church.

Signature of Godparent: _____

Verified: _____
Pastor (or his representative)

Title: _____