



Good Shepherd Catholic Church
9539 Racquet Court
Elk Grove, CA 95757
(916) 684-5722 ~ gsccoffice@gscceg.org

**To be signed by pastor (or parish representative) at prospective godparent's parish.
This form must be turned in to Good Shepherd at least one week prior to scheduled
baptism.**

Godparent Parish Verification

Date: _____

To: _____
(Name of Parish Where Godparent is Registered)

(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 married (select one). If married, I am
am not (select one) married in the Catholic Church.

Signature of Godparent: _____

Verified: _____
Pastor (or his representative)

Title: _____