



Good Shepherd Catholic Church
9539 Racquet Court
Elk Grove, CA 95757
(916) 684-5722 ~ parishoffice@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: _____