



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

**To be signed by pastor (or parish representative) at prospective godparent's parish. This form must be turned in to Good Shepherd prior to scheduling your baptism class.**

### **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:** \_\_\_\_\_