ROMAN CATHOLIC DIOCESE of LAS CRUCES

Sponsor/Godparent Affidavit for Sacraments of Initiation

Name of Person Receiving Sacrament: _____

Sponsor's Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____)_____ Email address: _____

Affidavit

1. Do you attest under oath to the truthfulness of your statements? _____
2. Are you at least 16 years of age? _____
3. Are you the parent of the child? _____
4. Are you a baptized Roman Catholic? _____
5. Have you received the sacrament of Confirmation? _____
6. Are you able to receive Holy Communion? _____
7. If you are single are you cohabitating? _____
8. If you are married, is your marriage a valid Catholic marriage? _____
9. Do you understand and intend to fulfill your role as a Sponsor? _____

In accepting the role as Sponsor, I hereby assure by my signature that I am a committed and practicing Roman Catholic and that I have answered all questions truthfully.

_____

Sponsor's Signature Date

Signature of Pastor/Delegate: _____

Name of Parish: _____

City: _____ State: _____

Date: ____/____/____

Church

Seal