



INFANT BAPTISM • GODPARENT FORM

FOR CHILDREN UNDER THE AGE OF 7

Name of Child to be Baptized _____

To be completed by the Godparent:

Name of Godparent _____ *Religion* _____

Address of Godparent _____

Telephone Number of Godparent _____

Church of your Baptism _____ *Year* _____

City, and State _____

Church of your Confirmation _____ *Year* _____

City and State _____

Church of your Marriage _____

I am a Catholic and I participate regularly at Mass. I have a desire to help my godchild develop a personal love for Jesus.

I understand the responsibility I am undertaking, and I have both the ability and intention to fulfill my duties as a Godparent.

Signature _____

Date _____

Christian Witness: I am not a Catholic, but I have a desire to help my godchild develop a personal love for Jesus.

Signature _____

Date _____

Please return this form to Ruth Pineda at San Carlos Cathedral Parish,

500 Church St., Monterey, CA 93940.

831-373-2628 ext. 17. FAX 831-373-0518

Email: rpineda@sancarloscathedral.org

Thank You!