



RCIA – GODPARENT FORM

FOR ADULTS AND CHILDREN OVER THE AGE OF 7

To be completed by the Godparent

Name of the Candidate: _____

GODPARENT INFORMATION:

NAME: _____ Religion _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Name of Church of Baptism: _____

City: _____ State: _____ Zip Code: _____

Year of Baptism: _____

Name of Church of Confirmation: _____

City: _____ State: _____ Zip Code: _____

Year of Confirmation: _____

Name of Church of Marriage: _____

City: _____ State: _____ Zip Code: _____

Year of Marriage: _____

I am Catholic and I participate regularly at Mass. I have a desire to help my godchild to 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: _____

Ruth Pineda, Faith Formation Coordinator

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