



SPONSOR/GODPARENT AFFIDAVIT



6350 N. Fort Apache Rd. Las Vegas, NV 89149 | 702.399.6897 | Fax: 702.395.0787

This is to certify that I, _____ of _____
(Sponsor's Name) *(Name of Parish)*
accept the invitation to be a Sponsor of Confirmation of: _____
(Candidate's Name)

I recognize that to serve as a godparent/sponsor, I attest that: (Please Initial Each)

- _____ I agree to act as a guide and advisor to this Candidate, especially by my example and witness to the Catholic faith, thereby helping the candidate lead a Christian life.
- _____ I am at least 16 years of age.
- _____ I am not a parent/step-parent of the person that will be receiving their Sacrament(s).
- _____ I am a practicing Catholic who has been baptized, received the Eucharist, been Confirmed, and who is currently living a sacramental life.
- _____ I am a practicing Catholic, I attend Mass on Sundays and Holy Days of Obligation at my home parish of _____ in _____
(Name of Parish) *(City/State/County)*

Marriage Status Information (Please select ONE by initialing below):

- _____ I am in a valid Catholic marriage. I was married in _____ at _____
(City/State/County) *(Name of Parish)*
- _____ I am not married AND I am not cohabitating (living together without marriage).

I hereby declare that I am a registered member of the Catholic parish named above and that I fulfill the requirements to serve in the ministry of godparent/sponsor.

I have attached copies of my Sacramental Certificate to this form: Confirmation Certificate and Marriage Certificate (IF I am married).

Signature of Godparent/Sponsor: _____ Date: _____

- I am a registered member of St. Anthony of Padua Roman Catholic Church, Las Vegas, NV Parish envelope number # _____
- I am a member of another Parish. ***(The form below is to be completed and sealed by that parish.)***

I certify that (*print*) _____ is a registered member of our parish, is a practicing Catholic, and is qualified to serve in the ministry of godparent/sponsor.

Signature of pastor/delegate: _____ Date: _____
Parish Name: _____
City: _____ State: _____ Zip: _____

