

**33333 Mayfair Avenue, Abbotsford, B.C. V2S 1P4**

**Office:604-852-5602**

**Fax: 604-852-007**

SACRAMENT OF BAPTISM

GODPARENT SPONSORS FORM

Candidate’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Godparent’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Godparent’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Required even of sponsor is a parishioner at St. Ann’s)*

I acknowledge that the above-named person is a practicing member of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish and to the best of my knowledge is

qualified to ack as a SPONSOR or Godparent for the Sacrament of Baptism.

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*Signature of Pastor / Deacon Date*

*Pastor Fr. Richard Zanotti or Deacon Robert Kaszonyi*

***REQUIRMENTS OF A SPONSOR OR GODPARENT***

*Sponsors or Godparent for Baptism* ***must*** *be a Baptized Catholic adult who has been Confirmed and has received the Blessed Eucharist;*

*one who lives a life of faith, thus benefitting the role to be undertaken –*

***this includes regular attendance at Sunday Mass***

*Neither the* ***Father*** *nor the* ***Mother*** *of a candidate may be the sponsor or Godparent of their own child.*

Please return this form to the RCIA/ADULT FAITH office, St. Ann’s Parish

You may Fax 604-852-3007 or email stannsrcia@gmail.com