

Our Lady of Good Counsel Catholic Church

620 Fifth St. Aurora, IL 60505 Phone 630-851-1100 Fax 630-851-4069

LETTER OF ELIGIBILITY TO BE A GODPARENT / SPONSOR FOR:

Baptism	_ First Communion	Confirmation
GODPARENT / SPONSOR FOR:		
GODI AKENT / SI GNSOK FOK	(Name of person being baptized or confirmed)	
SCHEDULED DATE OF CEREMONY	(if known):	
GODPARENT / SPONSOR IN	FORMATION	
Ι	(n name if applicable)
(Please print first and last name)	(Maide	n name if applicable)
I am at least 16 years of age Communion, and Confirmation	and have receive the Sacraments on) in the Catholic Church.	of Initiation (Baptism, First Holy
Name and location of parish v	where I was confirmed	
Confirmation Date		
I am register member of the pand received the Sacraments	parish and attend Mass regularly of of Eucharist and Reconciliation reg	n Sundays and Holy days of Obligation gularly.
If married, I am married by the	he Catholic Church.	
Name of the Church	Date	
I actively strive to live out my loving response to those with	commitment to Christ and to the cwhom I come in contact.	community life of the Church by my
I understand the responsibility spiritual development of this cl	I am undertaking, and will do all i hild or candidate.	in my power to assist the Catholic
Please know if you are married o ment of Marriage, you are not perr	outside the Catholic Church, or choomitted to be godparents nor sponso	ose to cohabitate outside of the Sacra- or.
By my signature, I attest to the tru	ith of these statements:	
(Godparent, Godmother or Sponsor's Signature)		
		Church where the godparent or
	Reverend	
Parish Seal required for valid documentation		
	Date	