

Saint Patrick's Church
115 Maple Avenue, Victor NY 14564
Phone: (585) 924-2800 • E-mail: fr.edison.tayag@dor.org

Godparent/Sponsor Form

Name of Godparent/Sponsor:	
E-mail Address:	
Phone (Home/Cell):	
Name of Catechumen or Candidate:	
Sacrament to be received by Catechumen or Candidate	»
Are you a registered member of Saint Patrick's Church	n? Yes No
If no, please name the parish that you are registered in	:
I support my parish with my presence at Sund	ucharist and Confirmation in the Catholic Church. ay Mass each week and actively strive to live out haring my time, talent and treasure with my parish. mation candidate. cognized by the Church.
What is your relationship with the catechumen or cand	lidate (i.e. friend, relative, spouse)?
How do you see yourself setting as a good Catholic me	odel to the catechumen or candidate?
I understand and accept the responsibility, which I un serious attention to in his/her e teachings of Jesus Christ and His Church. I am wi encouragement and my faithful witness of the Catholic	fforts to live the Catholic faith that reflects the illing to support him/her through my prayers, my
For those belonging to another Catholic parish:	Signature and Date
Affix Parish Seal Here (void without the seal)	
	Pastor's Signature and Date