

Godmother Form

St. Gabriel the Archangel, McKinney, Texas

Date of the Baptism: _____

Dawn Purcell, Sacramental Coordinator
dpurcell@stgabriel.org 972-542-7170 ext. 227

(To be completed and signed by the Godmother)

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|---------------------------|--------|-----------|
| Name of the Child: | | |
| Name of the Godmother: | | |
| Address of the Godmother: | | |
| City: | State: | Zip Code: |
| Cell phone: | Email: | |

1. Is the Godmother a Catholic or a Christian Witness?
Catholic? _____ Or Christian Witness? _____ (Do not complete past this point if a CW)
2. Have you received the Sacraments of Initiation:
 - Baptism Yes No
 - Eucharist Yes No
 - Confirmation Yes No
3. Godmother, are you older than 16 years old? Yes No
4. Are you a practicing Catholic (attends Mass)? Yes No
5. Godmother's Civil Status:
Single Married Divorced Widow
6. If you are married, were you married in the Roman Catholic Church? Yes No N/A

I, _____, take this commitment serious. By signing this form, I totally agree and understand clearly the pledge and the importance of my participation in the life and development of faith of my Godchild.

Signature of Godmother

Date