

## Godparent/Sponsor Form

Return to Holy Trinity Faith Formation Office: 101 Walt Banks Rd. Peachtree City, GA 30269

Please select the sacrament being receive	ed: <b>Baptism</b>	Confirmation
Name of person receiving sacrament:		
Name of Godparent/Sponsor:		
Godparent/Sponsor Spouse Name (if app	olicable)	
Godparent/Sponsor's Address:		
City:	State:	Zip:
Godparent/Sponsor's Email:		
or living in an invalid marria	of the Most Holy Euchar sacramental sponsor, I be and active Catholic, and that (please initial all) d the Catholic Church. (Tage [civil marriage] cann and sufficiently mature for the sents of Initiation; Baptis lic Church teaches and particular teachings into my daily at practice the sacrament	t be a Catholic who has been confirmed rist and leads a life in harmony with the ecome responsible to provide a good and to be supportive to his/her parents in his means that Catholics publicly cohabitating not serve as a sponsor.) or this role.  Som, Confirmation, and Eucharist.  Perofesses and truly make an elife.  Its.
Signature of Godparent/Sponsor:		Date:
Name of Godparent/Sponsor's church: _		
Address of Godparent/Sponsor's church:	:	
City:	State:	Zip:
Signature of Godparent/Sponsor's Pastor	r:	
Date:		Seal of Sponsor's Church