

Baptism Christian Witness / Sponsor Form

Date: _____

Name of Child to be baptized _____

Expectations and Qualifications of a Christian Witness / Sponsor

*Please check all that apply

- I am a **baptized** person, who belongs to a non-Catholic Christian community.
- I am 16 years old or older
- I attend a worship service on a regular basis.
- I practice my faith in the workplace, in my home, and in civic life.

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*I would like to be a Christian Witness alongside a Catholic Godparent.

PRINT NAME of Christian Witness / Sponsor

Signature of Christian Witness / Sponsor

Address of Christian Witness / Sponsor

City

State

Zip

Church Christian Witness is registered

Address

City

State

Zip

REQUIRED (From Christian Witness / Sponsors Church of registration)

On behalf of our Church community and to the best of my knowledge the person named above understands and meets the requirements of a Christian Witness / Sponsor and is a registered member of this Church in good standing.

Signature of Pastor

Church Seal
(if applicable)

*Please return to Immaculate Conception Parish
1206 E. McCarty St. Jefferson City, MO. 65101
Fax: 573-635-6036 Email: icchurch@icangels.com