



# *St. Patrick Catholic Church*

1807 Stevens Avenue  
Parsons, Kansas 67357  
620-421-6762

## Godparent Approval

This form to be filled out and returned to St. Patrick Church for any Catholic godparent who is registered at a church other than St. Patrick's.

Name of Godparent \_\_\_\_\_

Name of Person to be Baptized \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Name of Church in which the godparent is registered \_\_\_\_\_

Address of Church \_\_\_\_\_

Signature of Godparent \_\_\_\_\_

This portion to be filled out by pastor of Catholic church of which godparent is a member.

The person named above is a confirmed Catholic who is a registered member of our parish, attends Mass and participates in our parish community. He/she meets the requirements to be a godparent.

Signature of Pastor \_\_\_\_\_

Date \_\_\_\_\_

*(Please affix Parish Seal)*