

*The Catholic Community of  
St. John the Evangelist and Blessed Sacrament*

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&

6340 Roberta Street  
Burton, Michigan 48509  
(810) 742-3151 Fax: (810)742-1409

Name of Child: \_\_\_\_\_

Name of Catholic Godparent(s): \_\_\_\_\_

Dear Friend:

**You have been asked to serve as Godparent for \_\_\_\_\_.**  
**Godparents serve as Faith-Models for their Godchild. In accepting the responsibility of serving as Godparent, you are indicating your willingness to fulfill your own religious obligations. Catholics serving as Godparents are expected to be registered members of their local church, attend Mass regularly and receive the sacraments frequently. One Godparent must meet these requirements. The other person can be of another Christian tradition and serve as a Christian witness. They should be actively involved in their own church community.**

Children grow and move toward spiritual maturity in the company of others – parents, grandparents, brothers and sisters, and other adult members of the Church. It is in the faith example of others that children learn and develop a personal faith life. Without the nurturing effect of this example baptized infants will remain spiritual infants throughout their lives. Children mature by moving from dependence to independence to adult interdependence.

We encourage the Godparents and Christian witness to attend the Baptism Formation sessions at the Catholic Community of St. John the Evangelist and Blessed Sacrament or in their own parish community if they live outside the area.

Catholics serving as Godparents assume the special responsibility of being living examples of what it means to follow Jesus Christ within the Catholic tradition. For this reason, the Godparents are asked to sign the bottom and return to St. John two weeks prior to the Baptism.

I, the undersigned, am fully aware of my responsibilities as a Godparent and promise to fulfill these responsibilities to the best of my ability. I do so with full awareness that my example in following Christ will be of the utmost importance in the spiritual development of my Godchild.

Godparent(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

PLEASE RETURN THIS FORM TO THE CATHOLIC COMMUNITY OF  
ST. JOHN THE EVANGELIST AND BLESSED SACRAMENT  
ST. JOHN CAMPUS PARISH OFFICE, 404 BUILDING  
TWO WEEKS PRIOR TO BAPTISM DATE

**God bless you and your Godchild**