

**ST. JAMES CATHOLIC CHURCH**  
**1071 ACADEMY DRIVE, CONWAY, SOUTH CAROLINA 29526**  
**PHONE 843-347-5168 FAX 843-347-1212**  
Sponsor Eligibility Form

**BAPTISM/ FIRST COMMUNION/CONFIRMATION**  
**SPONSOR/GODPARENT TESTIMONY FORM**

I, \_\_\_\_\_, a practicing member of \_\_\_\_\_  
(NAME OF SPONSOR/GODPARENT) (NAME OF PARISH)

testify by my answers and signature below that I am qualified to serve as a

Baptism  
 First Communion  
 Confirmation

sponsor/Godparent in the Catholic Church for \_\_\_\_\_  
(NAME OF BAPTISM/FIRST COMMUNION/CONFIRMATION CANDIDATE)

Please circle either YES or NO for each statement below. (Canon 874)

YES	NO	I am a Roman Catholic.
YES	NO	I am at least 16 years old.
YES	NO	I have received Confirmation and Holy Eucharist in the Catholic Church. <b><u>Please attach Confirmation certificate.</u></b>
YES	NO	I am free to receive Holy Communion when I come to Mass.
YES	NO	I am someone other than a parent of this candidate.
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Answer the following ONLY if married:

YES NO Was your present marriage celebrated in the presence of a Catholic bishop, priest or deacon or if celebrated outside a Catholic Church was done so with the written permission of a Catholic bishop? (If not, please provide a written explanation.) **Please attach Marriage Certificate.**

Answer the following ONLY if unmarried:

YES NO Are you living with another person in a romantic relationship or as a couple?

I sign this document in the presence of a Catholic priest or deacon or a representative of the pastor of a Catholic Church and understand that by my signature that what I have answered above is truthful.

Sponsor/Godparent Signature \_\_\_\_\_  
Sponsor Address and Phone \_\_\_\_\_  
Church Representative Signature \_\_\_\_\_  
Church Representative Title \_\_\_\_\_  
Church Representative Parish \_\_\_\_\_  
Church City/State \_\_\_\_\_  
Date \_\_\_\_\_

