



Eucharistic Community of St. Luke

106A, Anselme Lavigne,
Dollard-des-Ormeaux (Québec)
H9A 1N8
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Godparent (Sponsor) Information Form

I, _____ have been asked to be the confirmation
Godparent's First Name and Last Name

godparent (sponsor) for _____ at St-Luke's Eucharistic Community.
Last Name First Name

In submitting this request I affirm the following:

1. I am 16 years of age or older.
2. I am a Catholic who has received the sacraments of Baptism, Eucharist and Confirmation.
3. I am a member in good standing of my parish, attend Mass weekly and receive the sacraments of Eucharist and reconciliation regularly.
4. I actively strive to live out my own Baptism commitment to Christ and to the Church.
5. In my daily life I try to be a positive witness to the Catholic faith, and I willingly take on the additional responsibility of serving as a positive Christian role model by becoming a Godparent.

Please answer all the questions and print clearly.

Sponsor's (Godparent) Information

Family Name	First Name	Middle Name	Date of Birth <small>year/month/day</small>	Age
Address		City / Province	Postal Code	
Home phone ()	Work/Cellular phone ()		E-mail address	
Sacraments received	Year	Name of Church		
<input type="checkbox"/> Baptism in a Catholic Church				
<input type="checkbox"/> Eucharist (First Communion)				
<input type="checkbox"/> Confirmation				
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced and remarried		
	<input type="checkbox"/> Married in a Catholic Church	<input type="checkbox"/> Common Law relationship		
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Civil marriage		

I agree to share my faith with my godchild, _____. I will journey with him/her during this very exciting time in preparation towards Confirmation. I also promise to be present in his/her life to help him/her understand Confirmation, which strengthens the work of the Holy Spirit begun in us at Baptism so that we might become stronger Christians and apostles.

Godparent's Signature: _____ Date: _____

**Please complete and return this form to the Faith Formation Office
by September 2011.**

Thank you.

Office for Faith Formation and Evangelization

(514) 683-4941

faithed@st-luke.ca

2 August 2011