



# Our Lady of the Miraculous Medal Parish

Office of Faith Formation

289 Lafayette Road  
Hampton, NH 03842

## BAPTISM: GODPARENT FORM

To Be Completed By Godmother/Godfather

You have been asked to be a Godparent, which is a great privilege; thank you for saying “yes”! Chosen Godparents, “must be firm believers, able and ready to help the newly baptized – child or adult on the road of Christian life” (CCC 1255). Your love for Christ and your devotion to the teachings of the Catholic Church, can be a powerful witness to the newly baptized throughout their life of how we, as Christian pilgrims, are called to integrate our faith with our daily lives. You, in a unique way, are called to accompany the newly baptized as they continue to grow in relationship with our Lord and in understanding of the Faith.

### REQUIREMENTS TO BE A GODPARENT

- Be at least sixteen years old
- “Be a Catholic who has been confirmed and has already received the sacrament of the Most Holy Eucharist and leads a life in harmony with the faith and the role to be undertaken.”
- Not be one of the parents
- Must be an active, registered member of a Catholic Parish

A person who is living in harmony with the faith is someone who follows the Ten Commandments and the five Precepts of the Catholic Church 1. attends Mass every Sunday and on holy days of obligation; 2. going to the Sacrament of Reconciliation at least once a year; 3. receiving the sacrament of the Eucharist at least during the Easter season; 4. observing the days of fasting and abstinence; 5. providing for the needs of the Church.

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parish of Baptism: \_\_\_\_\_ City/State of Parish: \_\_\_\_\_

Registered Parishioner of (parish name/city/state): \_\_\_\_\_

Full Name of Godchild: \_\_\_\_\_

Please complete the back as well.

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Fax: (603) 926-8602  
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**Please initial on the lines below next to each statement that applies:**

\_\_\_\_\_ I am single and living in good standing according to the teachings of the Church. I am not cohabitating (living together without marriage) and am practicing the virtue of chastity. \*

**OR** (only initial either the statement above or below)

\_\_\_\_\_ I am married according to the law of the Church and am practicing the virtue of chastity. \*

\_\_\_\_\_ I am at least 16 years of age (unless the pastor makes an exception for a just cause).

\_\_\_\_\_ I am a fully initiated Catholic, having received the Sacraments of Baptism, Eucharist, and Confirmation, who leads my life in harmony with the faith and the role to be undertaken.

*\* "All the baptized are called to chastity. All Christ's faithful are called to lead a chaste life with their particular states of life" (CCC 2348). The primary offenses against chastity are lust, masturbation, fornication, pornography, and prostitution. We, as Christians, should be actively pursuing a life of chastity; this means that we are working to avoid the primary offenses against chastity and if do participate in one of them, we seek God's forgiveness in the Sacrament of Reconciliation.*

I accept the invitation to be a Godparent, and understand the responsibilities that I am undertaking, having both the desire and the intention to fulfill them.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

If not a member of OLMMP Parish or have not been a member of OLMMP for at least six (6) months, please have your Pastor sign and date this form, as well as ask your Parish Office to seal this document.

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

\_\_\_\_\_  
Parish

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

