



## ST. BERNARD PARISH

Dear Father/Pastoral Minister,

\_\_\_\_\_ wishes to be a godparent for a child to be baptized in the Roman Catholic Faith. I hereby attest that the above-named person:

1. Is a practicing Catholic in good standing;
2. Has received all of the Sacraments of Initiation;
3. Is at least 16 years of age; and
4. Attends Mass on a regular basis

Please return this form to the mailing address below or by fax. Thank you for your assistance in verifying the above information.

Name of Child to be Baptized: \_\_\_\_\_

Names of Parents: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Pastor or Pastoral Minister

Godparent's Parish: \_\_\_\_\_



**MAILING ADDRESS**

2438 Atwood Ave.  
Madison, WI 53704

**TELEPHONE, FAX & EMAIL**

(608) 249-9256 x222 | Fax: (608) 244-3773  
pastor@sbmsn.org

**VISIT US**

**ON THE INTERNET**  
<http://www.sbmsn.org>