GODPARENT/CHRISTIAN WITNESS FORM for the SACRAMENT OF BAPTISM

I	, have been asked to be a Ba	, have been asked to be a Baptismal Godparent or Christian Witness for	
Liberty Township, Ohio.	, who is to receive the Sacra	ment of Baptism at St. Maximilian Kolbe Church,	
As a CATHOLIC GODPA	RENT I affirm that:		
 I will be at least s I participate regu I actively strive to response to those I fulfill my obligation 	ixteen years of age on the day of the larly in Sunday Mass and receive He live out my commitment to Christ of with whom I come in contact daily. tions to my parish to the best of my	loly Communion as a practicing Roman Catholic. and to the communal life of the Church by my loving	
As a NON-CATHOLIC C	HRISTIAN WITNESS I affirm that	:	
• I am a baptized C	hristian (please print religious den	omination)	
Full Legal Name of Cathol	ic Godparent or Christian Witness	(please print)	
Name:			
Address	City, Sta	te, Zip	
Phone(s)	E-mail address		
My relationship (aunt, gran	ndfather, friend, etc.) to one to be ba	aptized is	
My present parish/church _			
Catholic and the Christian		rayers, my continued interest in his/her growth as a by solemnly declare that I fulfill all the above ess.	
Signature of Catholic God	parent/Christian Witness	Date	
	PASTOR OF CATHOLIC GODP. nowledge that the information above		
Signature of Catholic Pasto	or	Date	

Return this completed, signed form to St. Maximilian Kolbe Parish.

(Parish Seal)