

ARCHDIOCESE OF NEW ORLEANS

Parental Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized: _____

Proposed Date of Baptism _____

Statement of Parent(s)

“It is my sincere hope and intention to raise my child in the Catholic faith and to do all in my power to assure through my own efforts that my child practices and grows in the Catholic faith.”

By signing below, the Catholic parent(s) solemnly swear that the statement above is a true and correct indication of their intentions.

Father's Signature: _____

Father's Name Printed: _____

Mother's Signature: _____

Mother's Name Printed: _____

Signature of Priest/Deacon Receiving Testimony

ARCHDIOCESE OF NEW ORLEANS

Godparent Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized: _____

Proposed Date of Baptism _____

Criteria to Serve as a Godparent for Baptism

- 1. Must be a Catholic in good standing with the Church who has been Confirmed and regularly practices their Catholic faith;**
- 2. Must be at least sixteen years of age;**
- 3. If married, a Catholic priest or deacon must have married them. They may not be cohabiting, or living together without marriage.**
- 4. If not accomplished yet, will also attend a Baptismal Seminar in preparation for this Baptism.**

By signing below, the proposed Godparent solemnly swears that he or she has read the above criteria and that he or she meets the above criteria to serve as a Godparent for Baptism.

Godparent's Signature: _____

Godparent's Name Printed: _____

Signature of Priest/Deacon Receiving Testimony