



Return the completed form to:

Julianne Dodson
Baptism Coordinator
St. Gabriel the Archangel
110 St. Gabriel Way
McKinney, TX 75071
or
Fax: 972 542 7756

TO BE COMPLETED BY GODPARENT'S PARISH
GODPARENT VERIFICATION

THIS DOCUMENT SERVES AS VERIFICATION OF REQUIREMENTS

Today's Date: _____

Godparent's Name: _____

Name & Address of Church: _____

Name of Child to be Baptized: _____

Child's Parent' Names: _____

Intended Date of Baptism: _____

They/He/She (check the following):

___ is a registered member in good standing at this parish.

___ has received the Sacrament of Confirmation in the Catholic Church

___ is qualified and has my permission to serve as Godparent for this child.

Signature of Pastor (of Godparent's church)

Parish Seal (of Godparent's church)

St. Gabriel the Archangel
Catholic Community
110 St. Gabriel Way
McKinney, TX 75071
972-542-7170 Fax: 972-542-7756
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