



Return the completed form to:

Pam Criss
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
www.stgabriel.org