



CHRIST THE KING ROMAN CATHOLIC CHURCH

2 INDIAN HEAD ROAD COMMACK NEWYORK 11725 - 2207

☎ 631.864.1623

📠 631.864.8891

🌐 www.ctrcc.org

TESTIMONY OF A GODPARENT

Having been chosen to be a godparent for (child's name) _____, who is to receive the Sacrament of Baptism on (date) _____ at the Church of Christ the King in Commack, I testify that I am *at least 16 years old*, have received the Sacraments of *Baptism, Holy Communion, and Confirmation* myself, and am *living a life in accord with the teachings of the Roman Catholic Church* in faith and morals.

I am willing and able to accept the role of godparent in the Catholic Church. By my signature, I attest to the truth of the statement above, so help me God.

Date

Your Parish

Your Name, *printed*

Your Signature



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TESTIMONY OF A CHRISTIAN WITNESS (**if applicable*)

Having been chosen to be a Christian Witness for (child's name) _____,
who is to receive the Sacrament of Baptism on (date) _____ at the Church
of Christ the King in Commack, I testify that I am *at least 16 years old*, have been *validly baptized*
myself, "in the name of the Father, and of the Son, and of the Holy Spirit," and am *living a life in*
accord with the teachings of the Gospel.

I am willing and able to accept the role of Christian Witness. By my signature, I attest to the
truth of the statement above, so help me God.

Date

Your Denomination

Your Name, *printed*

Your Signature