



ST. JOHN NEUMANN
 ROMAN CATHOLIC CHURCH
 2575 W. El Campo Grande Avenue
 North Las Vegas, NV 89031
 (702) 657-0200 (702) 648-2327 (fax)

**Godparent/Sponsor
 AFFIDAVIT**

PLEASE PRINT CLEARLY.
 VOID WITHOUT PARISH SEAL.

Name of person to receive sacrament(s) : _____

Sponsor's Information

Name : _____

Street Address : _____

City : _____ State : _____ Zip Code : _____

Phone : (____) _____ Email address : _____

Initial, & complete.

_____ I am at least 16 years of age.

_____ I am not a parent or step-parent of the person receiving sacrament(s).

_____ I have been Baptized, Confirmed, and received First Holy Communion.

_____ I am a practicing Catholic. I attend Mass at my home parish of
 _____ in _____
 (Name of parish) (City, State or Country)

_____ If I am a registered member of my parish, my envelope ID # is : _____

Marriage status information. Initial ONE.

_____ I am in a valid Catholic marriage. I was married in
 _____ in _____
 (Name of parish) (City, State or Country)

_____ I am not married.

_____ I am married outside the church in a civil ceremony.

I declare that the above information is true to the best of my knowledge. I intend to assist the above named person (and/or their parents) by being a witness to the Catholic faith and helping them in their journey to lead a Christian life.

Prospective Sponsor's signature: _____ Date: ____/____/____

I certify that _____ is a member of our parish, or resides in our boundaries, and is qualified to serve as a sponsor for any of the sacraments of initiation.

Signature of Pastor/Delegate: _____

Name of Parish: _____

City: _____ State: _____

Date: ____/____/____

