

Sts. Peter and Paul Catholic Church

4070 Central Parkway East, Mississauga, ON. L4Z 1T6 Tel: 905-273-6630 Fax: 905-273-5306
Email: office@peterandpaul.church

Proof of Practice of Faith of Godparents

(Must be signed by the Pastor of the church you are registered in.)

Full Name of Child to be Baptized

Last Name: _____ First Name: _____

Godfather's Information

Last Name: _____ First Name: _____

Email: _____ Phone: _____

Date of Baptism: _____ Date of Confirmation: _____

Name of Present Parish: _____ Name of Pastor: _____

Signature of Pastor (Present Parish)

Seal of Your Present Parish

Godmother's Information

Last Name: _____ First Name: _____

Email: _____ Phone: _____

Date of Baptism: _____ Date of Confirmation: _____

Name of Present Parish: _____ Name of Pastor: _____

Signature of Pastor (Present Parish)

Seal of Your Present Parish

FOR OFFICE USE ONLY

Baptism Cert. Godfather: ____ Godmother: ____ Proof of Practice: Godfather: ____ Godmother: ____