

Form of Good Standing for Godparents

St. Joseph Catholic Church
125 East Main Street
Westphalia, MO 65085
573-455-2320
parishoffice@stjosephwestphalia.org

Name(s) of Godparent(s) Dylan S. _____

Parish of Godparent(s) Cathedral of St Joseph _____

City and State of Parish Jefferson City, MO _____

Parish Office Contact Information: Please provide a phone number and/or e-mail address

Cathedral of St. Joseph, 2305 West Main Street, Jefferson City, MO 65109
573.635.7991 info@cathedraljc.org.

Child's Name to be Baptized _____

I verify that the godparent(s) for this child to be baptized are:

- * Registered members of the parish***
- * Have received the sacraments of initiation***
- * Are practicing members of the Faith***

(signature of parish priest)

(date)