



# SAINT IGNATIUS OF LOYOLA PARISH

ST. BARTHOLOMEW ST. PETER AND ST. ROSE  
P.O. BOX 1350  
IGNACIO, CO 81137

Email: [office@stignatiuschurchignacio.com](mailto:office@stignatiuschurchignacio.com)

Tel: (970) 563-4241 Fax: (970)563-1032

## REQUEST FOR CERTIFICATE, LETTER OF ELIGIBILITY FOR GODPARENT/SPONSOR, LETTER OF PERMISSION

If you would like a copy of a sacramental certificate; want to have your child baptized in another Catholic Church; or need a Certificate or Letter of Eligibility (good standing) to be a Godparent or Sponsor, please complete the following information. *(In order for us to send a letter of eligibility or permission to celebrate a sacrament in another Church you must be a registered member in good standing of St. Ignatius Catholic Church.)* You may also fax/email this completed form to us at the fax number above. An original certificate or letter of eligibility will be forwarded to the Parish with the Church seal. A \$20.00 processing fee should accompany this form or payment can be made online.

Today's Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ E-mail address: \_\_\_\_\_

### **[ ] REQUEST FOR CERTIFICATE OF SACRAMENT**

Name of person who received sacrament: \_\_\_\_\_

Which sacrament: [ ] Baptism [ ] First Communion [ ] Confirmation [ ] Marriage

Date sacrament received: \_\_\_\_\_ Parents: \_\_\_\_\_

### **[ ] REQUEST FOR LETTER OF ELIGIBILITY FOR GODPARENT/SPONSOR**

Name of Parent(s) \_\_\_\_\_

Name of the child/person you are sponsoring (receiving the Sacrament): \_\_\_\_\_

Name of [ ] Godparent(s) [ ] Sponsor(s): \_\_\_\_\_

### **[ ] LETTER OF PERMISSION**

Name of Parent(s) \_\_\_\_\_

Name of the child/person receiving the Sacrament: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Active member of St. Ignatius Church? [ ] Yes [ ] No

Which sacrament will the child or adult be receiving?

[ ] Baptism [ ] First Holy Communion [ ] Confirmation [ ] Marriage

Anticipated date that Sacrament will be received: \_\_\_\_\_

If Baptism, has/have Parent(s) or Godparent(s) attended a Baptism Preparation class? [ ] YES [ ] NO

Date of class: \_\_\_\_\_

### **INFORMATION TO BE SENT TO:**

Name of Parish: \_\_\_\_\_

Mailing address of Parish: \_\_\_\_\_

Phone number and Fax number of Parish: \_\_\_\_\_

Name of Contact Person (if applicable): \_\_\_\_\_