

Ⓞld St. Mary's Catholic Church

A MINISTRY OF THE PAULIST FATHERS

CONFIRMATION SPONSOR ELIGIBILITY FORM

Name of Confirmation Candidate

SPONSOR INFO BELOW:

Full Name: _____

Mailing Address: _____

City, State, Zip: _____

Best Contact Phone: _____ Email: _____

Parish of Registration: _____ Date Registered: _____

I am at least 16 years of age.

I have celebrated the sacraments of Baptism, Confirmation, and Eucharist.

I participate in Sunday Mass Regularly

I understand the Responsibility I am undertaking, and both desire and intend to fulfill it faithfully.

I am not the parent of the person receiving the sacrament.

I affirm that I meet all the necessary requirements to act as a sponsor.

EITHER My Marriage was celebrated according to the norms of the Catholic Church.

OR I am not married and never have been

OR I have met with a priest/Catholic minister and know that my relationship has the Church's blessing

Signature of Sponsor

Date

SPONSOR'S PARISH TO COMPLETE BELOW:

Parish Name: _____

Parish Mailing Address: _____

City, State, Zip: _____ Phone: _____

To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. Yes No Other (comment on reverse side)

I am authorized to make this statement about our parishioner.

Printed Name

Please Affix Your Parish Seal

Signature

Date