

SPONSOR FORM*

*FORM MUST BE SIGNED IN THE PRESENCE OF THE PASTOR OR DELEGATE OF THE SPONSOR'S PARISH AND SEALED WITH THE SEAL OF THE PARISH.

SPONSOR INFORMATION

NOTE: IT IS SUGGESTED THAT THE SPONSOR BE THE GODPARENT OF THE CANDIDATE AS TO REAFFIRM THE SACRAMENT'S STRENGTHENING OF BAPTISMAL GRACES.

I, _____, will be

(SPONSOR'S NAME - PRINT NAME)

sponsor to _____.

(CANDIDATE'S NAME - PRINT NAME)

I live at _____

Street Address

in the city of _____ in _____, _____.

City

State

Zip code

I am a member of _____ Parish, _____.

(Sponsor's Church)

(City, State)

I can be reached at _____ or _____.

Primary phone

Email

I REALIZE THAT AS A SPONSOR, I MUST:

- **Be at least 16 years of age and a practicing Catholic.**
- **Be a Confirmed Roman Catholic**, who has received the Most Holy Eucharist and strives to be a good role model for the one being Confirmed.
- And is neither the father nor the mother of the Candidate.

I (the undersigned sponsor) declare the above statements to be true and that I am living such a life.

Sponsor's Signature (in the presence of pastor or delegate). _____.

As the pastor of the above-named person, I confirm that he/she does fulfill the requirements listed in Canons 874 and 893 as listed above.

Name of Pastor or Delegate (with title) _____ **Date** _____

Signature of Pastor or Delegate _____

Church name and address _____

