

Confirmation Information

Date: _____

Holy Rosary _____ Immaculate Conception _____ Our Lady of Guadalupe _____ St Patrick _____ St Teresa _____

Return to the parish office or CCD

Candidate's **(full)** Baptismal Name _____

Address _____

Phone Number _____

Name for Confirmation (**one name**) _____

Age (at Confirmation) _____ Date of Birth _____

Church of Baptism & Address

Date of Baptism _____

Father's (full) Given Name _____

Mother's (full) **Married** Name _____

Mother's (full) **Maiden** Name _____

Sponsor's (full) Name _____

If sponsor is a married woman- Maiden Name _____

Sponsor's Date of Birth _____

Date of Sponsor's Baptism _____

Church of Sponsor's Baptism _____

Church name and address of sponsor's Confirmation

Date of Sponsor's Confirmation _____

(Consult Church of Baptism if necessary)

NOTE: Sponsor **must** be a Confirmed, practicing Catholic.

A parent or step-parent cannot be a Sponsor for his or her child/step-child.

If candidate was not baptized at the selected church above, please attach proof of Baptism.

ST ISIDORE THE FARMER, FAMILY OF PARISHES

Immaculate Conception____ Holy Rosary____ Our Lady of Guadalupe____ St Patrick____ St Teresa____
Please circle where the Confirmation is happening.

SPONSOR FORM

Please fax, mail, or email to the chosen Church above, at least one week prior to Confirmation

Confirmation Candidate's Full
Name:

Sponsor's Name:

Sponsor's Address:

Sponsor's City, State, Zip:

Sponsor's Phone Number:

Sponsor's Statement of Faith

I, _____, hereby state that I am: *(check all that apply)*

___ A baptized and confirmed Catholic 16 years old or older.

___ A registered member of: _____ Parish for _____ years.

*Registered under my parents. Their names are: _____

___ Attend and regularly participate in the celebration of Mass every Sunday and Holy Days of Obligation.

Marital Status: ___ I was married in the Catholic Church: Name of Church: _____

City, State: _____ Date: _____

___ I was NOT married in the Catholic Church; however, my marriage did receive a Dispensation or
Canonical form or was Blessed (Convalidated) at: _____

City, State: _____ Date: _____

___ I am not married

___ I was not married in the Catholic Church

___ Not cohabitating with a person outside the bonds of marriage.

___ In good standing with the Catholic Church and able to receive all sacraments.

****Please state the steps you are currently taking to strengthen your faith life and remain connected to the Catholic Church and the sacraments.**

RESPONSIBILITIES

The Sponsor's role is one of a mentor in the Catholic faith. I affirm that I meet the above qualifications and accept the responsibilities of being a Sponsor. I am an active and participating Catholic and promise to the best of my ability to serve as an example in encouraging this child to participate in the sacramental life of the Church. I will be a strong witness of the Catholic faith and continue to support the child in his/her Catholic faith journey in the years ahead.

Immaculate Conception Office
229 W. Anthony St. Celina, OH
419-586-6648

Holy Rosary Office
511 E. Spring St. St Marys, OH
419-394-5050

ST ISIDORE THE FARMER, FAMILY OF PARISHES

I testify that the above statements are true, and I am actively seeking to strengthen my faith, participate in the Mass, and take part in the sacraments on a regular basis.

Sponsor's Signature: _____ **Date:** _____

Sponsor's Parish Certification

This is to certify that to the best of my knowledge, _____

Sponsor's Name

- Is a registered member of this parish.
- Is an active member of this parish.
- Is a regular participant in Sunday worship.
- Is a Catholic canonically in good standing.

Date:

Priest's Signature:

Church:

Address:

City, State & Zip

SEAL IF POSSIBLE