CONFIRMATION SPONSOR INFORMATION

I have agreed to serve as sponsor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the preparation

*(Name of Candidate)*

process for the Sacrament of Confirmation.

I certify that I am a fully initiated member of the Catholic Church. I am baptized, confirmed, participate in

Sunday Mass and in the life of my parish community. If married, I am married according to the sanctions of the

Catholic Church. I am a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parish in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(Name of Parish) (City, State)*

**Pastor’s Acknowledgement:**

\_\_\_\_\_\_\_ As Pastor, I verify that the above named person(s) is/are active Catholics in my parish and in good standing.

\_\_\_\_\_\_\_ As Pastor, I am unable to verify that the above-named person(s) is/are active Catholics in my parish. Comment(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PASTOR SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I will be present to this candidate throughout the preparation and have agreed to the Confirmation Expectations

Covenant. I will be present for the rehearsal and “rehearsal dinner” on Saturday, February 6 and the Confirmation Mass on Sunday, February 7 at noon.

CONFIRMATION COVENANT - EXPECTATION OF THE CANDIDATE’S SPONSOR

* The sponsor promises to support the candidate through prayer in this preparatory time before confirmation.
* The sponsor promises to provide support and guidance to the candidate by remaining in contact with the candidate throughout the Confirmation process.
* The sponsor promises to make every effort to attend both the confirmation rehearsal/dinner and mass.

**SPONSOR’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please Print Plainly)*

RELATIONSHIP TO CANDIDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPONSOR’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this form via mail (see address above) or email by November 22, 2020

to Fabiola Sanchez \* fsanchez@stjames-etown.org