

SPONSOR FORM

***THIS 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: the Candidate's parents may NOT be his/her sponsor. It is suggested that the sponsor be the Godparent of the Candidate as to reaffirm the sacraments strengthening of baptismal graces.

I, _____ will be sponsor to _____
(SPONSOR'S NAME) (CANDIDATE'S NAME)

live at _____

Street Address

in the city of _____ in _____.

City

State

Zip code

I am a member of _____ Parish.

(Sponsor's Church)

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, meaning:
- I attend Mass every Sunday and receive the sacrament of reconciliation on a regular basis.
- Have a valid baptism in the Catholic Church and have received the sacraments of Eucharist and Confirmation.
- If I am married, be married or have had my marriage blessed in the Catholic Church.
- Be living out my faith with daily Christian morals and a Catholic Christian lifestyle, and following the teachings and moral authority of the church.

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 all the requirements listed in Canons 874 and 893 as listed above.

Name of Pastor or Delegate (please print), _____

Title, _____

Signature of Pastor or Delegate _____ Date _____

