

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'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, 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 (with title) _____ Date _____

Signature of Pastor or Delegate _____

Church name and address _____



DUE: December 1, 2019

Saint Michael's Catholic Church, Youth Ministry
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