

CONFIRMATION SPONSOR ELIGIBILITY FORM

The Catholic Church requires that all who assume the responsibilities and obligations of sponsorship for the Sacrament of Confirmation, practice their religion faithfully and are exemplary in their conduct as members of the Holy Catholic Church.

Name of Candidate for Confirmation:

Name of Sponsor:

Sponsor Contact Information:

Email: _____ Telephone: _____

Please initial next to each requirement:

- ____ I am a registered and participating member of (parish)

- ____ I have been asked to be a Sponsor for the Sacrament of Confirmation and I am not the parent of the one to be Confirmed.
- ____ I am at least 16 years of age.
- ____ I have received the Sacraments of Initiation (Baptism, Confirmation, and Holy Eucharist)
- ____ I am single, or if married, I am currently in a marriage recognized by the Church as valid.
- ____ I attend Mass regularly on Sundays and Holy Days and participate to the best of my abilities in the life of my parish.
- ____ I realize that I am assuming a great responsibility in becoming a Sponsor. I promise to give support to and guide the person I am sponsoring in my prayers, and in the example of my life.

Sponsor Signature: _____ Date: _____

Pastor's Name (printed): _____

Pastor's Signature: _____ Date: _____