

TO BE COMPLETED BY THE SPONSOR AND HIS/HER PARISH OFFICE. MEMBERS OF ST. ROSE OF LIMA PARISH MUST SUBMIT THIS FORM TO THE PARISH STAFF IN THE RECTORY DURING OFFICE HOURS.

I, _____, residing at _____
(Sponsor's First / Last Name) (Sponsor's Full Address, Street Number & Name)

(City, State, Country, Zip Code)

accept the responsibility of being sponsor for _____.
Please print (Confirmation Candidate's First / Last Name)

In accepting this responsibility, I understand that I will be asked to support and pray for my candidate as he/she prepares for the celebration of the Sacrament of Confirmation. I further pledge that I will guide and encourage him/her as he/she continues to grow in our faith and knowledge following the celebration of the sacrament.

I state that I meet the conditions of canon law to act as a sponsor, among these that:

- I am a practicing confirmed Catholic
- At least sixteen years of age Date of Birth _____
- If married, in a valid Catholic marriage.
- I am not a parent of the child receiving confirmation.

Signature of Sponsor

Date

I acknowledge that _____ is a practicing Catholic and member of the parish of _____.

I find him/her to be acceptable to serve as sponsor.

Signature of Pastor

Date

Raised Parish Seal