

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 _____

