

SPONSOR CERTIFICATE

Please Print

Name of Candidate: _____

Sponsor Information

Name: _____

Relationship to Candidate: _____

Address: _____ City/State/Zip _____

Phone: ____ - ____ - ____ Email: _____

Sponsor's Parish: _____

City/State of Parish: _____

Signature of Pastor at Sponsor's Parish: _____

******This form MUST have a parish seal to be valid******

*Please return completed, signed and sealed form by **DECEMBER 6, 2020***

I agree to serve as a sponsor for this Confirmation candidate. I agree to attend any required sessions (if permitted) with my candidate. I agree to cultivate a relationship with my candidate during this year of preparation and beyond.

(Signature of Sponsor)