

CONFIRMATION INFORMATION FORM

PLEASE PRINT:

Confirmation Name _____
(You may choose your Baptismal Name as your Confirmation Name. Write name above.)

Baptismal Name of Student _____
(first) (middle) (last)

Home Address _____

City & Zip Code _____ **Home Phone** _____

Email Address _____

Circle where you receive religious education:

Parish School(Full-Time) PSR Home-school Private-school(write name) _____

Please refer to your child's baptismal certificate for the following. A copy of the candidate's baptismal certificate must be on file in the PSR/School office. If we need a copy, we will contact you.

Date of Catholic Baptism ____ - ____ - ____ **Date of Birth** ____ - ____ - ____

Place of Birth _____

Church of Catholic Baptism or Catholic Profession of Faith _____

Catholic Church Address _____

City, State & Zip Code _____

Father's Name _____
(first) (middle) (last)

Mother's Maiden Name _____
(first) (middle) (maiden name)

SPONSOR INFORMATION

Sponsor's Name _____
(first) (middle) (last)

Address of Sponsor _____

City & Zip Code _____ **Home Phone** _____

Form must be returned to their teacher or Tom Lancia by January 28, 2008.

SPONSOR AFFIRMATION FORM
SACRAMENT OF CONFIRMATION

Please Print

Name of Candidate for Confirmation _____

Name of Sponsor for Confirmation _____

STATEMENT OF SPONSOR

I hereby attest that I am committed to my Roman Catholic Faith; that I am baptized and confirmed in it; and that I meet the fundamental obligations as a Catholic by participating in Sunday Mass, by receiving the Eucharist often and Penance when necessary, by being open to the Word of God as revealed in Scripture and taught by the Church, by witnessing to the values of the Gospel of Jesus Christ, and by seeking to be of service to others for the love of Him.

I recognize that in accepting the role of sacramental sponsor, I become responsible to give good example to the Candidate as a committed and active Catholic and to be support to his/her parents in the practice of mutual faith.

Signature of Sponsor _____

As Pastor/ Associate Pastor I recommend the Sponsor (listed above) chosen by the candidate as spiritually qualified for the office and satisfies these requirements:

1. He/She is sufficiently mature for this role (must be 16 years of age or older).
2. He/She belongs to the Roman Catholic Church and has been initiated in the three Sacraments of Baptism, Confirmation, and Eucharist.
3. He/She is a practicing Catholic.

Name of Sponsor's Church _____

Address of Sponsor's Church _____

City, State & Zip Code _____

Signature- Sponsor's Pastor/ Associate Pastor _____

Form must be returned to their teacher or Tom Lancia by January 28, 2008

Seal of Sponsor's Church: