

**Confirmation Sponsor
at All Saints Roman Catholic Church
in the Archdiocese of Louisville**

I, _____,
print complete name

have been asked by _____,
print complete name

to be his/her sponsor for the Sacrament of Confirmation at All Saints Roman Catholic Church.

I testify that:

- I am a baptized member of the Roman Catholic Church.
- I am at least 16 years old.
- I have made my First Holy Communion and received the Sacrament of Confirmation.
- I am in good standing with the Catholic Church, and (if married) I am in a marriage recognized by the Catholic Church.
- I regularly attend Mass on Sundays and Holy Days of Obligation.
- I understand and accept the responsibility which I undertake as a sponsor for this person. I will help this person through my prayer, my good example in word and action, my love for the Church, and my lifestyle of justice and charity.

Signature of the Sponsor

Date

Sponsor's mailing address: _____

Sponsor's phone and email contact: _____

This person is a registered member of my parish and has assured me that he/she fulfills the canonical requirements to be a sponsor for the Sacrament of Confirmation.

Signature of the Pastor or delegate

Date

Name of parish with city and state

PARISH SEAL

This form must be completed and returned to the Parish Office (PO Box 531, Taylorsville, KY 40071) with attention to Becky Culver, Director of Religious Education.