

## 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** \_\_\_\_\_

**Church name and address** \_\_\_\_\_

Parish Seal  
of  
Sponsor's  
Parish