**Certificate to Serve as a Sponsor**

Name of young person to be confirmed

I RECOGNIZE that a Sponsor has a special relationship to the person who is to be confirmed. A Sponsor has the responsibility of being a mentor in the Catholic Faith, of helping the young person with their Christian faith life and of being a representative of the Catholic community into which the child is being initiated.

WITH THAT UNDERSTANDING, I recognize that in order to serve a s a Sponsor, a person must:

\* Be a Catholic who has been baptized, received the Eucharist, and has been confirmed, and who is currently living a sacramental life (e.g., attending Mass regularly), and is not in an irregular marriage, or living a life of habitual sin

\* Be at least sixteen years of age

\* Lead a life of faith in harmony with the ministry they are undertaking, and have the intention of undertaking the ministry of a Sponsor

\* Not to be a parent of the individual to be confirmed

**I hereby accept these responsibilities and testify that I fulfill the requirements to serve in the ministry of Sponsor.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Sponsor Date

**I HEREBY TESTIFY that** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Sponsor)

is a registered member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Parish)

Parish Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, Zip Code)

(Phone Number)

**And affirm that he/she fulfills all the requirements to serve in the ministry of Sponsor.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Pastor Date

(Parish Seal on this page is required)

Please return to: St. Stephen Catholic Community

 Attn: Michelle Heeren

 1441 W. Oakwood Road

 Oak Creek, WI 53154