REQUEST FOR A SPONSORSHIP CERTIFICATE

(Name), AS A REGISTERED PARISHIONER OF CHURCHE HOLY CHILD, REQUEST A SPONORSHIP CERTIFICATE FOR						
BAPTISMCONFIRMA	TION					
FOR MYSELF						
	WAS BORN ON					
Full (Maiden) name of recipient		MM/DD/YYYY				
The sacrament will be celebrated	at					
	Nam	Name of Church				
Address	City	State	Zip			
on MM/DD/Y	ΥΥY					
The name of the child receiving the sa	crament					
I can be reached at			and I			
phone nun	nber and/or email.					
will pick up the certificate my	selfau	thorize				
		Name (of proxy			
to pick it up in my stead or req	uest that it be r	mailed to me	the church.			
MM/DD/YYYY of request		Signature				
erby have picked up the sponsorshi	p certificate					
		Signatu	re			