

**2018-2019 Sacramental Registration Form  
(First Reconciliation, First Communion, Confirmation)**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Phones \_\_\_\_\_ May we text you? \_\_\_\_\_

- 1. A copy of your child's Baptism certificate must be submitted to the Religious Education Office by September 9, 2018 in order for your child to participate in any of the sacraments. No exceptions.**
- 2. All candidates for sacramental preparation must have received two (2) consecutive years of Religious Education.**
- 3. This form must be returned to the Religious Education Office with a \$15.00 book fee and a copy of your child's Baptism certificate by September 9, 2018.**

**My child has been Baptized:**                      Yes    No                      Date \_\_\_\_\_ Place \_\_\_\_\_

**My child has received 1<sup>st</sup> Reconciliation:**    Yes    No                      Date \_\_\_\_\_ Place \_\_\_\_\_  
Grade 2 or above must be baptized in the Catholic Church.

**My child has received First Communion:**    Yes    No                      Date \_\_\_\_\_ Place \_\_\_\_\_  
Grade 2 or above must be baptized in the Catholic Church.

**My child has received Confirmation:**            Yes    No                      Date \_\_\_\_\_ Place \_\_\_\_\_  
Grade 8 or above must be baptized in the Catholic Church.

**By enrolling your child in this process, parents, and guardians agree to attend meetings and activities and agree to help their child with preparatory sacramental materials at home.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact Donna Burney at the Religious Education Office if you have any questions.  
St. Matthew's Catholic Church - (904) 388-1207 – donna@stmatthewsjax.com

# Diocese of St. Augustine

## Sponsor/Godparent Eligibility Form

Person Receiving Sacrament	Full Name of Candidate _____ for <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation
	Parish Name _____
	Parish Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	Date Sacrament(s) to be Administered:    Baptism _____ Confirmation _____

**From the Code of Canon Law:** Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 & 893)

Sponsor Information	Full Name _____
	Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	Please read and check the following affirmations if they are true:
	<input type="checkbox"/> I am at least 16 years of age.
	<input type="checkbox"/> I have celebrated the sacraments of Baptism, Confirmation, and Eucharist.
	<input type="checkbox"/> I participate in Sunday Mass regularly.
	<input type="checkbox"/> (If married) My marriage was celebrated according to the norms of the Catholic Church.
	<input type="checkbox"/> I am not married.
	<input type="checkbox"/> I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.
<input type="checkbox"/> I participated in the baptismal (not required for confirmation) preparation program at Parish _____ Date _____	
<input type="checkbox"/> I affirm that I meet all the necessary requirements to act as a sponsor/godparent.	
<input type="checkbox"/> I am a parishioner of _____ since date _____	
<input type="checkbox"/> I am not the parent of the person receiving the sacrament.	
_____	_____
Signature of Sponsor/Godparent	Date

Sponsor's Parish	Parish Name _____
	Parish Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (comment on reverse side)
	At this parish, I serve as (circle one) Pastor, Priest, Deacon, Lay Ecclesial Minister. I am authorized to make this statement about our parishioner.
	Printed Name _____
Signature _____	Date _____