



St. Christopher Church, Office of Religious Formation

Confirmation Ministry

629 S. Glendora Ave.
West Covina, Ca 91790
(626) 338-2937

Confirmation Sponsor Form

Confirmation Candidate Name: _____

Sponsor Name: _____

Sponsor Address: _____

Sponsor Contact number: (____) _____

Email address: _____

I am of age (16 years or older), a fully initiated and practicing Catholic, eligible to be a Confirmation sponsor in the Catholic Church. I affirm the following:

(Sponsor: Please initial next to each line):

___ **REQUIRED for the SPONSOR: Copies of Baptismal, First Holy Communion and Confirmation certificates are attached to this document.**

___ **REQUIRED for the SPONSOR: I agree to attend required meetings, classes, penance and reflection services, rehearsals, Liturgies and Confirmation Mass with my Candidate. I understand that I am responsible for maintaining a supportive relationship with the candidate during this formation period.**

___ **I have received a Confirmation Calendar.** (available online: sccwestcovina.net click on Religious Formation tab)

___ I faithfully participate in Mass on Sundays and Holy Days of Obligation and give witness to my faith in Jesus Christ by regularly receiving the Sacraments of Reconciliation and Eucharist.

___ (For married Sponsors) My marriage is valid and consecrated according to the laws of the Catholic Church. Name of Church where Sponsor married: _____ City: _____

___ I am willing and available to attend required events as described above. I will give support to the person I am sponsoring by prayer and my Christian example. I will help him/her to be faithful to the Catholic faith.

___ I am not a parent of the Confirmation candidate.

I accept the responsibility to be the Sponsor of _____. I will support my candidate to fulfill his/her baptismal promises, encourage and support him/her as a true witness to Christ and continue to be a positive influence in his/her life, being available to my Candidate in prayer and person.

I have read and agreed to the above requirements and understand my obligations as Sponsor to my Candidate.

Sponsor Signature: _____

PARISH NAME AND ADDRESS (of SPONSOR)

Name of Sponsor's Parish: _____

Address of Sponsor's Parish: _____