



ST. CATHERINE OF SIENA CATHOLIC CHURCH

FAITH FORMATION OFFICE

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CONFIRMATION SPONSOR ELIGIBILITY FORM

In accepting the invitation to be a sponsor or mentor for your candidate, you are making a commitment to help him or her grow in his or her relationship with God and the Church

I have been asked to be a Sponsor for the Sacrament of Confirmation for:

CANDIDATE NAME: _____

SPONSOR NAME: _____

Address: _____

Phone Number: _____ E-mail: _____

- I am 16 years of age or older.
- I am not the parent of the candidate.
- I have received the Sacraments of Baptism, Confirmation and Holy Eucharist.
- I am a practicing Catholic; I attend Mass faithfully on Sundays and Holy Days of Obligation, fulfill my Easter duty, and live up to the moral teachings of the Catholic Church.
- If married, I am validly married in the Catholic Church.
- I am aware of the serious responsibility of being a sponsor and I promise to give support to the person I am sponsoring by my prayer, and by the Christian example of my daily life.
- I am a registered and participating member of the following parish:

_____ **Parish Name Parish City & State**

Sponsor's Signature: _____ Date: _____

I testify, to the best of my knowledge, that the person whose signature is above fulfills all the requirements to serve as sponsor for the sacrament of confirmation.

Pastor or Delegate Signature: _____ Date: _____

PARISH SEAL