

SPONSOR AFFIRMATION FORM

Form must be returned to Holy Trinity Faith Formation Office **before December 16th, 2018**
101 Walt Banks Rd. Peachtree City, GA 30269

Name of Candidate for Confirmation: _____

Name of Sponsor for Confirmation: _____
First Name Last Name

Name of Sponsor's Spouse: _____
First Name Last Name

Sponsor's Address: _____

City: _____ State: _____ Zip: _____

Sponsor's Email: _____

STATEMENT OF SPONSOR

I hereby attest that I am committed to my Roman Catholic Faith; that I am baptized and confirmed in it; and that I meet the fundamental obligations as a Catholic by participating in Sunday Mass, by receiving the Eucharist often and Penance when necessary, by being open to the Work of God as revealed in Scripture and taught by the Church, by witnessing to the values of the Gospel of Jesus Christ, and by seeking to be of service to others for the love of Him.

I recognize that in accepting the role of sacramental sponsor, I become responsible to provide a good example to the Candidate as a committed and active Catholic, and to be supportive to his/her parents in the practice of mutual faith.

Signature of Sponsor: _____ Date: _____

As Pastor/Associate Pastor I recommend the Sponsor (listed above) chosen by the candidate as spiritually qualified by the office and satisfies these requirements:

1. Sponsor is sufficiently mature for this role (and is 16 years of age or older).
2. Sponsor belongs to the Roman Catholic Church and has been initiated in the three Sacraments of Baptism, Confirmation, and Eucharist.
3. Sponsor is a practicing Catholic and attends weekly Sunday Mass.
4. If married, he/she is married by the Catholic Church.

Name of Sponsor's Church: _____

Address of Sponsor's Church: _____

City: _____ State: _____ Zip: _____

Signature of Sponsor's Pastor/Associate Pastor: _____

Date: _____ Seal of Sponsor's Church