

St. Vincent de Paul Sponsorship Form for Confirmation

Please read all boxes below to be sure you qualify as a Sponsor. All 7 boxes must be checked in order to take on this responsibility.

I, _____ (please print) have been asked to be a sponsor for

_____ (Candidate) as he/she is Confirmed in the Catholic Church. My
relationship with the Candidate is _____ (friend, sister, uncle, etc.).

My personal information is as follows should I need to be contacted:

Street Address, City, State, Zip _____

Email Address (*this is how we will contact you, please print clearly!*) _____

Phone Number: _____

I am a registered member of _____ Parish
in _____ (city, state).

In accepting this responsibility of sponsor, I affirm that:

- I am **not** the parent of the Candidate (grandparent, other relative, friend, coach, etc. are all acceptable)
- I have received the three Sacraments of Initiation as recognized in the Catholic Church (Baptism, Holy Eucharist, and Confirmation)
- I will be at least 16 years of age by the day of Confirmation
- I am a practicing Catholic and participate in weekly Sunday Mass and Holy Days of Obligation and I give witness to my faith in Christ Jesus by receiving Him in Holy Communion
- I am either... (please select which one)
 - Not married
 - Married according to the laws of the Catholic Church (not married outside the Church without a dispensation or remarried without an annulment)
- I believe all that the Catholic Church professes and teaches and I truly make an effort to incorporate these teachings in my daily life
- I am aware that I am assuming responsibility to be a good role model for the person I am sponsoring by my life of prayer and my Christian example

I have read the foregoing statement concerning Sponsorship and have placed a checkmark before each of the canonical requirements that are listed there to indicate that I satisfy each of these requirements. After prayerful consideration, I agree to take role of Sponsor and I formally recommend this candidate for consideration.

Sponsor's Signature _____ Date: _____

Please return this form completed to Laurel at St. Vincent de Paul, either by emailing it to
laurel@saintvincents.org or 2375 E. Arizona Ave., Denver, CO, 80210