



SPONSOR INFORMATION FORM For Confirmation

1) CANDIDATE'S NAME: _____
(Please print)

2) SPONSOR'S NAME: _____
(Please print)

ADDRESS: _____

PHONE: _____ EMAIL: _____

NAME OF SPONSOR'S PARISH OF MEMBERSHIP: _____

SPONSOR'S PARISH ADDRESS: _____

SPONSOR'S Parish Phone # _____

PASTOR/PASTORAL ADMINISTRATOR'S NAME: _____

I, the undersigned, have been asked to be a Sponsor for the sacrament of Confirmation. I affirm that I have received the three Sacraments of Initiation (Baptism, Confirmation, and First Eucharist); am a registered member of the above named CATHOLIC parish; and have attained the required minimum age of 16 years.

I further state that I do participate regularly in Sunday Mass. I actively strive to live out my commitment to the Lord and the faith community. I promise to give support to the person I am sponsoring by my prayers, and by the Christian example of my daily life.

SPONSOR'S SIGNATURE _____

DATE _____

**PLEASE RETURN BY SUNDAY, March 8, 2020 TO:
St. Agnes/St. Rose/St. Paul of the Cross Faith Formation
96 Prospect Street
Avon, NY 14414**