

Saint John Paul II Catholic Parish
CONFIRMATION SPONSOR FORM

Name of Confirmation Candidate: _____

Sponsor Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Age: _____

Name of parish you attend: _____

City: _____ State: _____

I attend Mass: ☐ Weekly ☐ Every other week ☐ Once a month ☐ Occasionally ☐ Never

What is your relationship to the candidate? _____

How long have you known the candidate? _____

Sacraments

Have you been Baptized? Yes / No

Have you received First Reconciliation? Yes / No

Have you received First Eucharist? Yes / No

Have you been Confirmed? Yes / No

Church of Baptism _____ City/State _____

Church of Confirmation _____ City/State _____

Are you Married? Yes / No

If married, were you married in the Catholic Church? Yes / No

I am prepared to assist the person I am sponsoring in living the Christian life by my own actions, concern and encouragement. I will do my best to attend the various events as instructed, including a Confirmation rehearsal. I will attend the Confirmation Mass.

Signature of Sponsor _____ Date _____