



TO WHOM IT MAY CONCERN:

I wish to be a Confirmation Sponsor for: _____
(Confirmation Candidate's Name)

I am at least 16 years old, and am a confirmed, registered, active parishioner in the Roman Catholic Church. I am committed to being a living model of faith for my candidate, ready to pray for and with him/her and willing to give of my time and talents to help my candidate fully prepare for the Sacrament of Confirmation.

(Sponsor's Signature) Date: _____

Sponsor's Printed Name: _____

Address: _____

Email: _____ Phone Number: _____

Pastor's Verification

As of _____, I verify that the person named above is a confirmed, registered, active
(Today's date)

Parishioner of _____
(Parish Name)

Parish in: _____
(City and State)

And is able to serve in the capacity of **Sponsor for Confirmation**

(Pastor's Signature)

Name of Parish: _____ Phone: _____

Address: _____

Please Return this Form to:

Saint Joseph Catholic Church
211 Atlantic Avenue
Shreveport, Louisiana 71105

Fax # (318) 865-5125

