



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

***If you are a registered member of St. Joseph Catholic Church check here:**

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

parishioner of _____ parish in
(parish name)

_____ and is able to serve in the capacity of **sponsor for Confirmation**.
(city and state)

(pastor's signature)

Name of Parish: _____ Phone: _____

Address: _____

Please Return this form by February 8, 2019 to:

Saint Joseph Catholic Church

211 Atlantic Avenue

Shreveport, Louisiana 71105

Fax # (318) 865-5125, or scan & email to gcarney@stjosephchurch.net

May be scanned & emailed to gcarney@stjosephchurch.net

