



Confirmation Name/Sponsor Selection Form (Due on Oct. 1st 2020)

ALL Candidates must complete this form

My Name: _____
(as it should appear on certificate)

My Confirmation Name: _____
(Saint Name Chosen)

Name of Sponsor: _____

My Signature: _____

Parent/Guardian Signature: _____

If your sponsor is not a member of Holy Angels Parish please contact their home parish and request a Sponsorship Certificate be mailed on their behalf to:

Attn: Alex Yates
Church of the Holy Angels
18205 Chillicothe Rd.
Chagrin Falls, OH 44023

This form is due to Holy Angels Religious Education Office by Oct. 1st 2020

Confirmation Celebration for Candidates will be
Sun. Oct. 18th 4:00pm

Mandatory Reflection rehearsal day for sponsor and
candidate Sat. Oct. 17th 3pm

For Office Use

Date Returned: _____

Received By: _____