



Confirmation Name/Sponsor Selection Form Due:

ALL Candidates must complete this form

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

My Confirmation Name: _____
(Saint Name Chosen)

Name of Sponsor: _____
(Please Note: Parents are ineligible as sponsors)

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

Confirmation Celebration for Candidates will be

***Mandatory Reflection rehearsal day for sponsor and
candidate***

For Office Use

Date Returned: _____

Received By: _____