APPENDIX TWO
Confirmation Sponsor Eligibility Form

CONFIRMATION SPONSOR/GODPARENT TESTIMONY FORM
DIOCESE OF RALEIGH

I, _______________________________, a practicing member of _______________________________
(NAME OF SPONSOR/GODPARENT) (NAME OF PARISH)

testify by my answers and signature below that I am qualified to serve as a Confirmation

sponsor/godparent in the Catholic Church for ______________________________________________
(NAME OF CONFIRMATION CANDIDATE)

Please circle either YES or NO for each statement below.

YES  NO  I am a Roman Catholic.
YES  NO  I am at least 16 years old.
YES  NO  I have received Confirmation and Holy Eucharist in the Catholic Church.
YES  NO  I am free to receive Holy Communion when I come to Mass.
YES  NO  I am someone other than a parent of this candidate.

Answer the following ONLY if married:

YES  NO  Was your present marriage celebrated in the presence of a Catholic bishop, priest or deacon or if
celebrated outside a Catholic Church was done so with the written permission of a Catholic
bishop? (If not, please provide a written explanation.)

Answer the following ONLY if unmarried:

YES  NO  Are you living with another person in a romantic relationship or as a couple?

I sign this document in the presence of a Catholic priest or deacon or a representative of the pastor of a Catholic
Church and understand that by my signature that what I have answered above is truthful.

Sponsor/Godparent Signature ________________________________
Church Representative Signature ________________________________
Church Representative Title ________________________________
Church Representative Parish ________________________________
Church City/State ________________________________
Date ________________________________

PARISH SEAL

40