

The Church of St. Helena
950 Grove Ave.
Edison, NJ 08820

SPONSOR'S STATEMENT OF ELIGIBILITY REQUEST FORM

Name of Sponsor: _____
(please print)

Name of Confirmation Candidate: _____

Dear Pastor:

The above-named adult has been asked by our Confirmation candidate to act as a Sponsor in the celebration of the Sacrament of Confirmation.

It is required by our Parish that each sponsor request the permission of their pastor and obtain an eligibility form to participate in this important role. We require that our sponsor be a practicing adult Catholic participating in the sacraments. Please sign and place your seal on this document for our records.

Thank you for your kindness in this request.

Sincerely in Christ's Service,

Department of Religious Education
The Church of St. Helena
(732) 549-4660

Seal: _____

Rev. _____

Date: _____