

To be given to and filled out by your Sponsor only!

PARENTS CANNOT BE SPONSORS



**SAINTS MARY & JOSEPH
COLLABORATIVE FAITH FORMATION OFFICE
272 Main Street, Kingston, MA 02364
Telephone: (781) 585-6372**

**CONFIRMATION SPONSOR FORM
(Please Print Clearly)**

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

TELEPHONE (include area code) _____

E-MAIL ADDRESS _____

**I HAVE BEEN ASKED BY _____
TO SERVE AS THEIR SPONSOR FOR THE SACRAMENT OF CONFIRMATION.**

I AM A BAPTIZED AND CONFIRMED ROMAN CATHOLIC.

**I AM A MEMBER OF _____ PARISH.
I AM A FAITHFUL MEMBER, I WORSHIP WITH THIS FAITH COMMUNITY AND RECEIVE THE
SACRAMENTS. I UNDERSTAND THAT TO BE A SPONSOR AND A WITNESS FOR THE
RECEPTION OF CONFIRMATION IS A MOST SERIOUS RESPONSIBILITY. I BELIEVE THAT I
CAN BE AN EFFECTIVE WITNESS FOR THE SACRAMENT OF CONFIRMATION.**

SIGNATURE OF SPONSOR _____

TO BE COMPLETED BY SPONSOR'S PARISH PRIEST: ↓

**I TESTIFY THAT THE ABOVE NAMED IS A MEMBER OF THIS PARISH, AND IN MY
JUDGEMENT, FULFILLS ALL THE REQUIREMENTS TO BE A SPONSOR FOR THE RECEPTION
OF CONFIRMATION.**

SIGNATURE OF PRIEST _____ (DATE) _____

PARISH SEAL:

**Please return to:
Michelle Davies
Faith Formation Office
St. Joseph Parish
272 Main Street
Kingston, MA 02364**