



ST. JOSEPH
ROMAN CATHOLIC PARISH

Certificate of Eligibility

ST. JOSEPH ROMAN CATHOLIC PARISH
1927 SW Green Oaks Blvd. | Arlington, TX 76017
(817) 472-5181 | Fax 467-9319

WITNESS SPONSOR FOR: _____
(Name of person being confirmed)

SPONSOR INFORMATION

I _____
(please print first and last name, initial each sentence, and sign below)

Address: _____

Email Address: _____ Phone Number: _____

_____ I am at least 16 years of age, I am a practicing Catholic and I have received the Sacraments of Baptism, First Holy Communion, and Confirmation in the Catholic Church.

Name and City/State of parish where I was confirmed:

Confirmation Date: _____

_____ I participate in the Mass every Sunday and Holy Day and receive the Sacraments of Eucharist and Reconciliation under the precepts of the Church.

_____ If married, I am validly married according to the laws of the Catholic Church.

_____ I actively strive to live out my commitment to Christ and to the communal life of the Church in my relationships and by living out the corporal and spiritual works of mercy.

_____ I realize that I assume great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.

By my signature I attest to the truth of these statements

(Signature of Sponsor)

MUST BE COMPLETED AND STAMPED WITH SEAL BY THE SPONSORS CURRENT PARISH

Priest Signature _____

(must be signed by a Catholic Priest at your current parish)

Church Name _____

Address _____

Phone # _____

Date _____

