

SPONSOR VERIFICATION

This is to certify that (Sponsor Name) _____
is a registered member of (Parish Name) _____
of (City, State) _____ and to our knowledge is
a practicing Catholic and is qualified to act as a Sponsor for the Sacrament of
Confirmation for (Candidate Name) _____.



Staff Name and Title: _____

Staff Signature: _____

Date: _____

(Parish seal)