

Confirmation Sponsor Certificate

Name of Confirmation Candidate: _____

This is to certify

that _____ **(sponsor's name)**
(please print legibly)

(address) City State Zip

***is a member of the Parish and a fully-initiated,
practicing Catholic, and is qualified to act as a
sponsor for the Sacrament of Confirmation.***

Rev. _____
(Signature)

(Printed or typed name)

Name of Church: _____

Church Address: _____

Date: _____

Seal:

Sponsor: Please return this completed form to:

*Our Mother of Sorrows/St. Peter the Apostle Church
303 Chesterfield Ave.
Centreville, MD 21617*