Due April 3, 2024

Return to St. Mary's Church 580 I St.; David City, NE 68632



St. Mary's/Assumption (David City)

CONFIRMATION SPONSOR FORM

To be selected as a sponsor for a Confirmandii of the Catholic Church is a great privilege. As a sponsor you will be asked to extend in a personal way our Catholic Community's welcome and support. Through your companionship with your candidate you will pass on the spirit of community and God's loving presence, as she/he prepares to confirm their faith through the Sacrament. You will experience first-hand the challenge young people face. As you share with them some of your own life and faith experiences as an active member of the church, you will probably uncover for yourself new dimensions of being a Catholic Christian. You may also gain a new friend for life's journey. Thank you for committing to this important role!

Requirements for Sponsors

PASTOR'S SIGNATURE

These requirements flow from the above understanding of the Sacraments and roles of sponsors as set forth in the in the 1983 Code of Canon Law (Canon #874). Sponsors must be:

- At least 16 years old, Baptized and Confirmed in the Catholic faith.
- An active Catholic: "An active Catholic is one who attends Sunday and Holy Day masses regularly and participates in the Sacramental life of the Church."
- Only one sponsor is required and cannot be a parent of the candidate.
- Sponsor may be of either sex and may be a Baptismal Godparent
- Married sponsors must be in a valid Catholic marriage.

Please print legibly		
Candidate's Name:		
SPONSOR INFORMATIO	N	
Legal Name:	Age:	
Address:	City, State, Zip	
Primary Phone:	()Cell ()Home ()Work	
Secondary Phone:	()Cell ()Home ()Work	
Sponsor Church of Baptism:	City, State, Zip:	
Sponsor current parish:	City, State, Zip:	
Are you married? () Yes ()No	If married, were you married in the Catholic Church? () Yes ()No	
	agree to the above requirements and am willing to commit to the lift represents the above candidate for Confirmation.	elong
Signature of Sponsor	Date	
THIS SEC	TION MUST BE COMPLETED BY THE SPONSOR'S PASTOR	
I certify that	(PRINT FULL NAME) is a member in good stan	ding at
CATHOLIC CHURCH NAME, CITY, STATE and meets the canonical requir	ements to be a Confirmation Sponsor.	
	DATE	