Diocese of Las Cruces Confirmation Sponsor Information Form

**Confirmation SPONSOR INFORMATION FORM**

**A Sponsor must be a practicing, confirmed catholic**, who is 16 years of age or older. He/she may not be the candidate’s Mother or Father. A Godparent is good choice. The sponsor should be prayerful, open, loving and open to sharing his/her faith.

**ROLE**

The following is asked of the sponsor:

1. Sponsors are encouraged to attend mass.

2. Sponsors are encouraged to attend the Confirmation rehearsal.

3. Attend the Confirmation Mass.

4. Pray for and with the candidate.

5. Continue to lend spiritual support after the Confirmation ceremony.

**SPONSOR CONTACT INFORMATION**

Name of Confirmation Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish of Confirmation Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: If the sponsor is not from the same parish as the candidate, a letter of good standing from the sponsor’s parish* **is required.**

(Circle Y for Yes and N for No) Are you at sixteen years of age? Y N

If married, married in a Catholic Church? Y N

Church of Baptism (City, State, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church of Confirmation (City, State, Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church of First Communion (City, State, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church of Marriage (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year City State

**SPONSOR’S AGREEMENT**

I agree to serve as a sponsor for this Confirmation candidate. I understand my roles described on the Sponsor Information Sheet, which I have received from the candidate and read. I agree to attend the

required sessions with my candidate, unless not possible due to distance or work schedule– in which case a family member proxy will stand in my place.

\**Times and dates of these events will vary from year to year. Sponsors will be contacted when the dates are set.*

*Printed Name of Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If you have any questions or concerns, please contact Sharon Kolosseus at 575-522-6202 or sharon@stalbertnewmancenter.org*