



*Sponsor Affirmation Form*

Return to Holy Trinity Faith Formation Office  
101 Walt Banks Rd. Peachtree City, GA 30269

Name of Candidate for Confirmation: \_\_\_\_\_

Name of Sponsor for Confirmation: \_\_\_\_\_

Sponsor's Spouse Name (if applicable) \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sponsor's Email: \_\_\_\_\_

**STATEMENT OF SPONSOR**

Canon 874 To be admitted to the role of sponsor, a person must be a Catholic who has been confirmed and has already received the sacrament of the Most Holy Eucharist and leads a life in harmony with the faith and the role to be undertaken.

I recognize that in accepting the role of sacramental sponsor, I become responsible to provide a good example to the Candidate as a committed and active Catholic, and to be supportive to his/her parents in the practice of mutual faith.

In accepting this responsibility, I affirm that **(please initial all)**

I am single or \_\_\_\_ I am married \_\_\_\_

\_\_\_\_ If married, he/she is married by the Catholic Church. (This means that Catholics publicly living in an invalid marriage [civil marriage] cannot serve as a sponsor.)

\_\_\_\_ Sponsor is sufficiently mature for this role (and is 16 years of age or older and Confirmed).

\_\_\_\_ Sponsor has received the Sacraments of Initiation; Baptism, Confirmation, and Eucharist.

\_\_\_\_ I believe all that the Catholic Church teaches and professes and teaches and truly make an effort to incorporate these teachings into my daily life. I regularly attend mass and practice the sacraments.

\_\_\_\_ I am not the mother or father of the one to be Confirmed

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Sponsor's Church: \_\_\_\_\_

Address of Sponsor's Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Sponsor's Pastor/Associate Pastor: \_\_\_\_\_

Date: \_\_\_\_\_

Seal of Sponsor's Church