HOLY FAMILY CATHOLIC PARISH

Faith • Family • Service

PARMA, OHIO

Confirmation - Sacramental Information
2020 – 2021

Please Print ***Due Tuesday, March 16, 2021***

Candidate's Name:_____
First **Middle** **Last**

Confirmation Name: _____

Birth Date: _____ **Age:** _____
(Month-Day-Year) (As of April 19, 2021)

Church of Baptism:_____

Church Address: _____
Number & Street **City, State & Zip**

Date of Baptism:_____
Month, Day & Year (e.g. August 10, 2004)

Residence:_____
Number & Street **City, State, Zip**

Parents:_____(_____)
Father (First & Last) **Mother (First & Last)** **(Maiden Name)**

(May NOT be a Parent.)
Sponsor: _____
First **Last**

Sponsor's Address: _____
Number & Street **City, State & Zip**

Sponsor's Telephone: (____)_____

Sponsor's Home Parish:_____**Relationship to Candidate:**_____

Candidate's Home Phone:_____ **Parents Cell**_____

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Confirmation Sponsor Certificate

Due Tuesday March 16, 2021

If using this form, the **Sponsor** must take it to their **home Parish** to be completed. (See Part B)

Part **A:** *To be **completed by Sponsor**; check all that apply.*

_____✝ I am a Catholic in good standing and I am registered and participating member of my Parish, _____.

_____✝ I am a Catholic who has been fully initiated; received the sacraments of *Baptism, Confirmation* and *Eucharist.*

_____✝ I am at least 16 years of age.

_____✝ I am a practicing Catholic who attends Mass on Sundays and Holy Days and give witness to my faith by receiving Holy Communion.

_____✝ I am living my Christian vocation as a single person, married person (validly married in the presence of a Catholic priest or deacon), a religious or clergyman.

_____✝ I lead a life in harmony with the Church.

_____✝ I will assist the person I am sponsoring to live out the Catholic faith by my prayers, support, and example.

I, _____, fulfill all of the above requirements and wish to be
Print name

the Sponsor for _____ for the Sacrament of Confirmation.
Print Candidate's Name

_____ _____
Sponsor's Phone # Sponsor's Signature/Date

Sponsor's Address:_____
Address City, State Zip

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Part **B:** *Must be completed by **Parish Priest or Church Office of Sponsor's Parish***

Name of Sponsor: (Please Print) _____

The above named person is a member of our Parish and to the best of my knowledge is a practicing Catholic who fulfills the requirements of Sponsor for the Sacrament of Confirmation.

_____
Priest/Pastoral Staff Signature Date

CHURCH SEAL

Church Name: _____

Address: _____

_____