

SAINT JOSEPH'S RELIGIOUS EDUCATION

272 Main Street, Kingston, MA 02364

Telephone: (781) 585-6372

SPONSOR'S FORM (PLEASE PRINT THIS INFORMATION)

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

TELEPHONE (include area code) () _____

**I HAVE BEEN ASKED BY _____
TO SERVE AS THEIR SPONSOR FOR THE SACRAMENT OF CONFIRMATION.**

**I AM A BAPTIZED AND CONFIRMED ROMAN CATHOLIC. I BELIEVE IN JESUS CHRIST
AND ATTEMPT BY MY PRAYERS AND ACTION TO LIVE A LIFE IN HARMONY WITH
THE GOSPELS.**

**I AM A MEMBER OF _____ PARISH.
I AM A FAITHFUL MEMBER, I WORSHIP WITH THIS FAITH COMMUNITY AND
RECEIVE THE SACRAMENTS. I UNDERSTAND THAT TO BE A SPONSOR AND A
WITNESS FOR THE RECEPTION OF CONFIRMATION IS A MOST SERIOUS
RESPONSIBILITY. I BELIEVE THAT I CAN BE AN EFFECTIVE WITNESS FOR THE
SACRAMENT OF CONFIRMATION.**

(SIGN) _____ (DATE) _____

TO BE COMPLETED BY YOUR PARISH PRIEST:

**I TESTIFY THAT THE ABOVE NAMED IS A MEMBER OF THIS PARISH, AND IN MY
JUDGEMENT, FULFILLS ALL THE REQUIREMENTS TO BE A SPONSOR FOR THE
RECEPTION OF CONFIRMATION.**

(SIGNATURE) _____ (DATE) _____

COMMENTS?

(SEAL)