

# 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)**