

# Letter of Permission to be a Confirmation Sponsor at Another Parish



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

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

I am registered at St. Philip \_\_\_\_\_ I am not registered at St. Philip \_\_\_\_\_

\_\_\_\_\_ I am at least 16 years of age. I am a practicing Catholic and I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.  
**Initial**

Name and City/State of parish where I was Confirmed:

\_\_\_\_\_

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

\_\_\_\_\_ I participate in the Mass on Sundays and Holy Days and receive the Sacraments of Eucharist and Reconciliation regularly.  
**Initial**

\_\_\_\_\_ If married I am validly married according to the laws of the Catholic Church.  
**Initial**

\_\_\_\_\_ I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact.  
**Initial**

\_\_\_\_\_ I realize that I assume great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.  
**Initial**

By my signature and above initials I attest to the truth of these statements.

\_\_\_\_\_  
Sponsor Signature

Name of child to be Confirmed \_\_\_\_\_

Parents of child to be Confirmed \_\_\_\_\_

Church name of Confirmation \_\_\_\_\_

Church Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Contact person at Church \_\_\_\_\_

Church fax # IF applicable \_\_\_\_\_

**FOR OFFICE USE ONLY**  
Last \_\_\_\_\_ First \_\_\_\_\_ Request Year \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ Emailed \_\_\_\_\_

Parishioner ID \_\_\_\_\_