

SACRAMENTAL INFORMATION FORM

(Use a separate form for each candidate)

Candidate's Full Name _____
(First) (Middle) (Last)

Note: We will need a copy of the candidate's baptismal certificate

Sacraments already received (circle all that apply)

Baptism Penance/ Reconciliation Eucharist Confirmation

Sacraments requesting this year (circle all that apply)

Baptism Penance/ Reconciliation Eucharist Confirmation

Office Use _____ Office Use _____ Office Use _____ Office Use _____

Record _____ Record _____ Record _____ Record _____

Date of Birth _____ Present Age _____ Sex M/F _____

City and State of Birth _____

Date of Baptism _____

Name of Church of Baptism _____

Address of Church of Baptism _____

City, State & Zip Code of Church of Baptism _____

Name of Diocese of Church of Baptism _____

Father's Full Name _____

Mother's Full Name _____ Maiden _____

Candidate's Current Address _____

City/State/Zip _____ Phone _____

Email _____

Confirmation Candidate Only:

Candidates Confirmation Name _____
(Candidate may use Baptism name. *Please provide name either way.*)

Name of sponsor _____

Address: _____

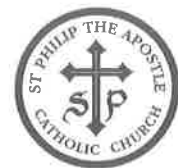
_____ Phone _____

City/State/Zip Code

Last

First

Birth Year



Guidelines for Choosing A Sponsor (Canon 872-874, 894)

- Only one Sponsor is required.
- The Sponsor may not also be the parents of the candidate.
- A Sponsor must be at least 16 years of age.
- A Sponsor must have received all of the Catholic Sacraments of Initiation: Baptism, First Communion, and Confirmation.
- A Sponsor must be a practicing Catholic; that is, living the Faith by regular Mass attendance, etc.
- If married, a Sponsor must be in a union recognized as valid by the Catholic Church.
- If unmarried, a Sponsor may not be cohabiting.

To serve as a Sponsor at St. Philip's, please complete the Certificate of Eligibility:

I am a parishioner of St. Philip's - Complete only the top portion down to your signature line.
Return form to Susan Sandles.

I am a parishioner at another parish - Complete the top portion down to your signature line,
then have your Pastor complete his portion and affix the parish seal. Return the **original** form to
Susan Sandles.



Certificate of Eligibility

St. Philip the Apostle Catholic Church
1897 W. Main Street
Lewisville, TX 75067
972-436-9581

WITNESS SPONSOR FOR: _____
(Name of person being confirmed)

SPONSOR INFORMATION

I _____
(please print first and last name, initial each statement, and sign below)

Address: _____

Email Address: _____ Phone Number: _____

_____ 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.

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.

_____ If married I am validly married according to the laws of the Catholic Church.

_____ 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.

_____ 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.

By my signature I attest to the truth of these statements

Sponsor Signature

MUST BE COMPLETED AND STAMPED WITH SEAL BY THE SPONSOR'S CURRENT PARISH

Priest Signature _____
(must be signed by a Catholic Priest at your current parish)

Church Name _____

Address _____

Phone # _____

Date _____

