

Holy Angels Office of Faith Formation
138 N 8th Ave
West Bend, WI 53095
(262) 334-3038

Sponsor Letter of Eligibility

Confirmation Candidate's Name _____

Sponsor's Name _____

Sponsor's Address _____

Sponsor's City, State, Zip _____

Sponsor's Phone Number _____

Sponsor's Email Address _____

Sponsor's Parish _____

Sponsor, please read and initial the following:

I affirm that:

_____ I am at least 16 years old and am not the mother or father of the Confirmation candidate.

_____ I have received the Sacraments of Initiation: Baptism, Confirmation, and Eucharist.

_____ I regularly participate in Sunday Mass and give witness to my faith in Christ Jesus by regularly receiving the Eucharist.

_____ I will participate in my parish community through giving my time, talent, and/or treasure.

_____ I actively strive to live out my commitment to Christ and to the parish life of the Church by my interest, support and loving response to those I meet in daily life.

_____ I will give my support to the person I am sponsoring and to his/her parents by my prayers and by the example of my Catholic faith as practiced in my daily life.

_____ I will have one-on-one meetings with the Confirmation Candidate, at least four total, to discuss faith issues and/or questions arising from their formal studies and preparation for the sacrament.

Sponsor's Signature _____ Date _____

If sponsor is registered at Holy Angels, you do not need to fill out the information below.

If sponsor is registered at another parish, please have the box below completed by your parish.

Statement of Parish Certification:

This is to certify that _____ to the best of my knowledge is:
(Name of sponsor)

- A registered member of this parish
- A regular participant at Sunday Mass
- A Catholic in good standing according to the laws of the Church

Staff Member's Signature _____

Printed Name _____

Job Title _____

Church _____

Address _____

Date _____

Please affix Church Seal