



REGISTRATION FOR SPONSORS

I hereby signify that I desire to become a candidate for the sacrament of Confirmation and will participate in all of the Confirmation preparation sessions.

Candidate's Name _____

Candidate's Confirmation Name _____

Saint Name Only

Name of Sponsor _____

(First Name)

(Last Name)

Sponsor's address _____

(City)

(State)

(Zip Code)

Please return this form with your Sponsor Certificate to the Religious Education Department, by Wednesday, November 15, 2014 Incomplete Registrations will not be accepted.

Religion Teacher's Name: _____ room # _____

Office Use Only:

Baptismal Certificate _____

Sponsor Certificate _____

Incomplete Registration Copied and

Returned _____