



SPONSOR FORM

CANDIDATE'S FULL NAME: _____

CANDIDATE'S SAINT NAME: _____

SPONSOR'S FULL NAME: _____

(Required even if sponsor is a parishioner at St. Ann's)

I acknowledge that the above-named person is a practicing member of _____ Parish and, to the best of my knowledge, is qualified to act as a Sponsor for the Sacrament of Confirmation.

Signature of Pastor

Date

Pastor Name: _____

REQUIREMENTS OF A SPONSOR

- ◆ Sponsors for Confirmation **must** be a Baptized Catholic adult who has been Confirmed and has received the Blessed Eucharist; one who lives a life of faith, thus benefitting the role to be undertaken – **this includes regular attendance at Sunday Mass.**
- ◆ Neither the Father nor the Mother of a candidate can be the sponsor of their own child.

Please return this form to **RCIA Office, St Ann's Parish**

Fax: 604-852-3007

Email: adultfaith@stannsabbotsford.ca

Phone: 604-852-5602 Ex. 227