

<b>Person Receiving Sacrament</b>	Full Name of Candidate _____
	Parish Name _____
	Parish Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	What Sacrament are you preparing for? _____

**From the Code of Canon Law:** Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 & 893)

<b>Sponsor Information</b>	Full Name _____
	Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	Please read and check the following affirmations if they are true:
	I am at least 16 years of age.
	I have received the Sacraments of Baptism, Confirmation, and Eucharist.
	I participate regularly at Mass on Sundays and Holy Days of obligation and give witness to my faith by receiving communion, by properly supporting the work of the Church, and by engaging in acts of charity and social justice as set forth in Church Teachings.
	(If married) My marriage was celebrated according to the norms of the Catholic Church.
	(For single persons) I am not married but am living in accord with the laws of the Church.
	I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully by supporting the candidate for Confirmation in living the Christian life by my own actions, concern, and encouragement.
I am a parishioner of _____ since date _____	
<b>I am <u>not</u> the parent of the person receiving the sacrament.</b>	
_____	_____
Signature of Sponsor	Date

<b>Sponsor's Parish</b>	Parish Name _____
	Parish Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another.      Yes      No      Other (comment on reverse side)
	At this parish, I serve as (circle one) Pastor, Priest, Deacon, staff member. I am authorized to make this statement about our parishioner.
	Printed Name _____
	Signature _____
	Date _____
	<b>Please return completed form to:</b> Holy Family Catholic Church 5125 S. Apopka Vineland Rd., Orlando, FL 32819 Email - _____
	Sponsor's Parish Seal: