



Confirmation Name/Sponsor Selection Form **Due: March 14nd 2024**

ALL Candidates must complete this form

My Name: _____
(as it should appear on certificate)

My Confirmation Name: _____
(Saint Name Chosen)

Name of Sponsor: _____
(Please Note: Parents are ineligible as sponsors)

My Signature: _____

Parent/Guardian Signature: _____

If your sponsor is not a member of Holy Angels Parish please contact their home parish and request a Sponsorship Certificate be mailed on their behalf to:

Attn: Alex Yates
Church of the Holy Angels
18205 Chillicothe Rd.
Chagrin Falls, OH 44023

This form is due to Holy Angels Religious Education Office

Our joint Confirmation Ceremony will be held
May 19th 2pm at Ss. Cosmas & Damian Church in Twinsburg

For Office Use

Date Returned: _____

Received By: _____