Candidate's Name_			
_	(first)	(middle)	(last)

## **Saint Anne Catholic Church**

## **Confirmation Sponsor Verification Form**

This form is to be completed by the Sponsor and signed and sealed by their Pastor or other approved parish staff member. If you have any questions, please contact <a href="mailto:ccd@stannerh.org">ccd@stannerh.org</a>.

l,		, am a registered and participating
	's Name)	
member of	Catholic Church in	
(Parish I		(City, State)
I have been asked by		to be his/her Confirmation Sponsor.
	(Candidate's Na	 me)
Relationship to the Candidate:	Sponsor In	rormation:
neidifficially to the candidate.		
Address:		
City:	State:	Zip:
Phone:	E-mail:	
<ul> <li>I am sixteen years of age or one</li> <li>(if married) I am in a marriage</li> <li>I am not the parent of the Candidate</li> <li>I will pray for the Candidate</li> <li>I am striving daily to live a Candidate</li> </ul>	ge witnessed by a Pries andidate I am sponsoring	or Deacon of the Roman Catholic Church
- ,		Date:
	Sponsor's Past	or Verification
(This section m	•	nd <u>sealed</u> by the Sponsor's Pastor)
	-	
As pastor of(Parish Name)	in	, I confirm that this sponsor does fulfill (, State)
all the requirements of Canon 8	• •	r, State)
(Pastor's Signature)	(Dat	e) (Parish Seal)