ST. JOSEPH PARISH RELIGIOUS EDUCATION PROGRAM OFFICE $\underline{SPONSOR~INFORMATION~FORM}$

This form must be completed by the person who will be the sponsor for the Confirmation Candidate. Please complete the requested information below and return this form along with the Sponsor Certificate that you have received from your parish office to the St. Joseph PREP Office by JANUARY 28, 2026. Forms that do not have a Sponsor Certificate

JANUARY 28, 2026. Forms that do not have a Sponsor Certificate attached will not be accepted.

This is to certify th	nat I,						
Name of Sponsor	Relationship to Candidate						
Address:							
Street		City		State	Zip (Code	
Telephone:		Pa	rish:				
Address:							
Street		City		State	Zip (Code	
Telephone (of paris	sh):						
Accept the invitation	on to be a spor	nsor for					
		Name of Candidate					
at the Confirmatio that I am a Baptize Church.	-		-	•			
I understand that Catholic Religion b	_		ess to th	e public a	cceptance	e of the	
I agree to act as a own example and	•	visor to tl	nis candic	late, most	especially	y by my	
I further agree to circumstances req		this ca	ndidate's	religious	training	should	
					-		
	Signature of	f Sponsor		Date			