



**CONFIRMATION SPONSOR/GODPARENT TESTIMONY FORM  
DIOCESE OF RALEIGH**

I, \_\_\_\_\_, a practicing member of \_\_\_\_\_  
(NAME OF SPONSOR/GODPARENT) (NAME OF PARISH)

testify by my answers and signature below that I am qualified to serve as a Confirmation

sponsor/godparent in the Catholic Church for \_\_\_\_\_  
(FULL NAME OF CONFIRMATION CANDIDATE)

I can be reached at \_\_\_\_\_ and/or \_\_\_\_\_  
(EMAIL ADDRESS) (CELL PHONE NUMBER)

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Please circle either YES or NO for each statement below.

YES	NO	I am a Roman Catholic.
YES	NO	I am at least 16 years old.
YES	NO	I have received Confirmation and Holy Eucharist in the Catholic Church.
YES	NO	I am free to receive Holy Communion when I come to Mass.
YES	NO	I am someone other than a parent of this candidate.

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Answer the following ONLY if married:

YES    NO    Was your present marriage celebrated in the presence of a Catholic bishop, priest or deacon or if celebrated outside a Catholic Church was done so with the written permission of a Catholic bishop? (If not, please provide a written explanation.)

Answer the following ONLY if unmarried:

YES    NO    Are you living with another person in a romantic relationship or as a couple?

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I sign this document in the presence of a Catholic priest or deacon or a representative of the pastor of a Catholic Church and understand that by my signature that what I have answered above is truthful.

PARISH SEAL

Sponsor/Godparent Signature \_\_\_\_\_  
Church Representative Signature \_\_\_\_\_  
Church Representative Title \_\_\_\_\_  
Church Representative Parish \_\_\_\_\_  
Church City/State \_\_\_\_\_  
Date \_\_\_\_\_