

MOST HOLY TRINITY CATHOLIC CHURCH
Confirmation Sponsor Information Form

Confirmation Candidate's Full Name: _____

SPONSOR INFORMATION
(Please print clearly)

Name _____
First Name Middle Name Maiden Name Last Name

Address _____
Address City State Zip

Telephone: _____

Sponsor's Church Parish _____

Parish Address _____
Address City State Zip

Name of Pastor _____

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PASTOR'S CERTIFICATION

This is to certify that _____
Sponsor's name

is in good standing in this parish and meets the requirements for sponsorship of

_____ **at Confirmation.**
Candidate's name

Rev. _____ **Date** _____
(signature)

_____ _____
Church Parish City/State