

# SPONSOR CERTIFICATION

For

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Name of Candidate

*Please mail to the Sponsor to take to their parish priest to have this form completed.*

## This is to Certify

That \_\_\_\_\_,  
*(Please print or type name of sponsor)*

is a member of this Parish, is a practicing Catholic and is  
qualified to act as a Sponsor for the Sacrament of Confirmation.

Date: \_\_\_\_\_ Rev. \_\_\_\_\_

Church of \_\_\_\_\_

\_\_\_\_\_  
*(Please affix Church Seal)*

*Please return to: St. John the Baptist Catholic Church  
Office of Religious Education  
1055 Hughes Road  
Madison, Al 35758*

<input type="checkbox"/> Please check here if Sponsor is a registered member of St. John's
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### ***Sponsor's Contact Information (To Be Filled Out By Sponsor)***

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

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