

Confirmation Sponsor Certificate of Eligibility

Queen of Apostles Roman Catholic Church
Alexandria, Virginia
703-354-4360

I have been asked to be a Sponsor for the Sacrament of Confirmation.

I have received the Sacraments of Baptism, Confirmation, and Eucharist in the Catholic Church.

I am a practicing Catholic; I attend mass faithfully on Sundays and Holy Days of Obligation, fulfill my Easter duty, and live up to the moral teachings of the Catholic Church.

If married, I am validly married in the Catholic Church.

I am aware of the serious responsibility of being a sponsor and I promise to give support to the person I am sponsoring by my prayer and by Christian example of my daily life.

I am a registered and participating member of _____ Parish.

City: _____ State: _____ Phone: _____

Sponsor's Signature: _____

Printed Name of Sponsor: _____

Name of Confirmation Candidate: _____

Pastor of Sponsor's Parish

I certify, to the best of my knowledge, that the above mentioned person is eligible to be a confirmation sponsor.

Pastor's Signature _____ *Date* _____

Please return this form to:
Queen of Apostles Catholic Church
Office of Religious Education
4329 Sano St
Alexandria, VA 22312-1597