

# Confirmation Sponsor Certificate

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**Name of Confirmation Candidate:** \_\_\_\_\_

***This is to certify***

**that** \_\_\_\_\_ **(sponsor's name)**

*(please print legibly)*

\_\_\_\_\_  
*(address)*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

***is a member of the Parish and a fully-initiated,  
practicing Catholic, and is qualified to act as a  
sponsor for the Sacrament of Confirmation.***

**Rev.** \_\_\_\_\_

*(Signature)*

\_\_\_\_\_  
*(Printed or typed name)*

**Name of Church:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Seal:**

**Sponsor: Please return this completed form to:**

*Mary Wood*

*Our Mother of Sorrows/St. Peter the Apostle Church*

*303 Chesterfield Ave.*

*Centreville, MD 21617*