

CERTIFICATE OF ELIGIBILITY FOR SPONSOR FOR CONFIRMATION

FOR THE PARISHES OF ST. JOSEPH (RICE LAKE, WI), HOLY TRINITY (HAUGEN, WI), OUR LADY OF LOURDES (DOBIE, WI), AND ST. JOHN THE EVANGELIST (BIRCHWOOD, WI)

SF	PONSOR FOR:
	(Name of person being confirmed)
SF	PONSOR INFORMATION
	I affirm that: (Please print first and last name)
	□ I believe in the Lord Jesus Christ, and I am faithful to the teachings of the Catholic
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	Church. □ I am at least 17 years of age and am not a parent of the one to be
	confirmed.
	□ I am a practicing Catholic ofParish
	in
	(City and State of Parish)
	□ I have received the Sacraments of Baptism, First Holy Communion, and Confirmation in the Catholic Church.
	□ I regularly participate in the Mass on Sundays and Holy Days and regularly receive the Sacraments of Eucharist and Reconciliation.
	□ If married, I am validly married according to the laws of the Catholic
	Church. If divorced, I have not remarried outside the Catholic
	Church.
	If not married, I am not acting as if I am married by living with someone.
	□ If I have children, I am educating my children in the Catholic Faith.
	□ I realize I assume a great responsibility before God and the Church in becoming a Confirmation sponsor and will faithfully fulfill its obligations. I will support the person I am sponsoring by my prayers and the Christian example of my daily life.

By my signature, I attest to be a practicing Catholic who seeks to be admitted as a Confirmation sponsor and solemnly affirm that I fulfill the requirements of the Catholic

Church for this role as presented above. With God's grace, I intend to continue practicing my Catholic Faith, and I will, to the best of my ability, carry out the obligations of my role as a sponsor for Confirmation.

(Sponsor Signature) (Date)
To Be Completed By the Sponsor's Parish Priest

Parish:	City and State:
	Priest's Name (<i>printed</i>):
	This is to certify that :
is a Catholic good being a Confirmati	standing and that he/she meets the requirements for on Sponsor.
is an active	and practicing member of the above-stated parish.
Priest Signature: Date:	
Contact Info.:	
Parish Seal:	
	Please return this form when completed to:
	Four Parishes One Faith 111 W Marshall St. Rice Lake, WI 54868

If you have any questions, please reach out to us at office@stjosephricelake.org or 715-234-2032 ext. 2.