



ST. THOMAS AQUINAS ELEMENTARY FAITH FORMATION

SAINT THOMAS AQUINAS CATHOLIC CHURCH
13720 WEST THOMAS ROAD, AVONDALE, AZ 85392

SPONSOR FORM FOR CONFIRMATION

STUDENT NAME (FIRST, M, LAST)

HOME PHONE NUMBER

The candidate will need one Liturgical Sponsor who will present her/him (the candidate) for Confirmation. The sponsor should be actively involved in the child's life of faith before, during and after Confirmation. Sponsors are to support their during the preparation process through prayer, words of encouragement and attendance when required.

If the Sponsor is from another Parish Church, that parish may provide a letter of good standing. Please ask that Parish Church to return their letter/form to St. Thomas Aquinas Parish Office at the above address.

If a sponsor cannot attend the scheduled celebration, a proxy may be chosen by the parent to stand in for the sponsor.

SPONSOR INFORMATION & COMMITMENT

FULL NAME (FIRST, M, LAST)

HOME PHONE NUMBER

CURRENT ADDRESS

CITY & STATE

ZIP CODE

RELIGION

RELATIONSHIP TO TEEN

I, _____, a parishioner of _____,
NAME OF SPONSOR NAME OF HOME PARISH

have been asked to stand as a sponsor for _____,
NAME OF CONFIRMATION CANDIDATE

As a practicing Catholic, I appreciate that this request is an important opportunity for me to witness to my faith and provide a good example of Catholic Life. I have prayerfully considered what I have been asked to do. I promise, with God help to be the best sponsor I can be. Therefore, I now affirm:

- that I am at least 16 years of age;
- that I have completed my own Christian Initiation with the reception of the sacraments of Baptism, Confirmation and Holy Eucharist;
- that, if I am married, I was married according to the laws and teachings of the Catholic Church;
- that, if I am single, I am living my life in accord with the teachings of the Catholic Church;
- that, I will do all in my power to be a model of a Catholic Christian, living my faith, participating with the Church community in their worship of Sunday Liturgy and by supporting the work of the Church.

CHURCH WHERE SPONSOR RESIDES (TO BE FILLED OUT BY PARISH REPRESENTATIVE)

NAME OF CHURCH

ADDRESS OF CHURCH

CITY & STATE

ZIP CODE

I certify that the person named above is qualified to be a Godparent.

DATE & PARISH SEAL

SIGNATURE / TITLE OF PARISH REPRESENTATIVE