Saint Margaret Mary Parish

Confirmation Formation Program St. Margaret Mary Youth Ministry 847-658-7881

SPONSOR INFORMATION FORM

Due Date: December Session (December 8 or 11, 2024)

(Student's name)

Confirmation Candidate's Name: _____

Dear Sponsor:				
	ell as pray for them during		e know you will take the responsibilit Confirmation. Please complete the f	
† M † M	Sponsor Requirements: lust be Confirmed in the Colust be 16 years of age or colust live in harmony with a	atholic Church. If Marr older	ied, Marriage should be a <u>valid</u> Cath s of the Catholic Church	olic marriage
	neone who does not live as oral life of the church, shou	_	weekly Mass, or lives in a manner w	hich does not reflect the
Sponsor's Info	ormation: (PLEASE PRIN	IT CLEARLY)		
Name			Relationship to Candidate	:
Sponsor's Maili	ng Address:		City/State	
Phone Number:			Zip Code:	
Sponsor's e-ma	il:		@	
Current Parish:		Address:		
City & State:				
Age:	Are you Confirmed? _	Marital S	tatus: Single Married Othe	r
If married, Is it	a <u>valid</u> catholic marriage?	If not, please exp	lain	
Church. I under sponsors who a	stand that an inquiry to co	nfirm good standing in a of St. Margaret Mary Po	tholic; I believe and accept the teach the Catholic Church may be made for arish. I also understand and accept th	individuals named as
Sponsor's Signo	ature			Date
Attested by:	(Signature of Sponsor's	D-4-1)		Date
	(Signature of Sponsor's	Pastor)		
Proxy informa	ation			
	(Name)	(Phone)	(Relationship to candidate)	