



# Holy Family Catholic Church

## CONFIRMATION REGISTRATION FORM

(Please Print)

Candidate Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Baptism Received in Year: \_\_\_\_\_ @ Parish: \_\_\_\_\_

First Communion Received in Year: \_\_\_\_\_ @ Parish: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_

Is sponsor a member of *Holy Family* Catholic Church, New Albany, IN? Yes or No

(If no, Sponsor will need a Good Standing Letter and must meet the criteria on the attached sheet.

Please return the signed sheet to the next Confirmation meeting.)

Confirmation Registration Fee is **\$50.00**

(If this is a true hardship, please speak with Fr Gries.)



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## SPONSOR VERIFICATION FORM

The Catholic Church has certain expectations for Sponsors for Confirmation candidates, to ensure they provide a living witness to Catholic Christian discipleship. If the selected Sponsor is **not** a member of *Holy Family* Catholic Parish, New Albany, IN, then please have them obtain a **Letter of Good Standing** from their home parish stating they meet the criteria below or have their priest-pastor (or his delegate) sign the below witness form. This letter must be sent to *Holy Family* prior to the date of Confirmation.

### REQUIREMENTS FOR ALL SPONSORS:

- 1) He/she is a baptized Catholic Christian having received the Sacraments of Baptism, First Holy Communion, and Confirmation.
- 2) He/she is 16 years of age or over.
- 3) If single, he/she is living a chaste life, i.e., not “living together” or “cohabiting” with someone in a romantic sense.
- 4) If married, he/she is married in the Catholic Church by an approved Catholic priest/deacon.
- 5) He/she attends Holy Mass every weekend and on Holy Days.

### GOOD STANDING WITNESS STATEMENT FOR SPONSOR

I hereby testify to the best of my knowledge that the below stated person, who has been asked to serve as a Sponsor for the Sacrament of Confirmation, does indeed meet all of the above requirements and is an active member of our parish.

Sponsor Name: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

Position: \_\_\_\_\_

