Regional Confirmation

Jake Gerber, Director of Youth Discipleship
Regional Confirmation

517-783-2748, ext. 1024 ✝ youth@queenschurch.com

SPONSOR CERTIFICATE

Please PRINT:

Full Name: _____
Last **(Maiden Name)** **First** **Middle**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Email:** _____

Date of Birth: ____/____/____ *(Sponsor must be at least **16** years of age)*

Current Parish of Registry: _____

Date of Baptism: ____/_____/____ **Parish of Baptism:** _____

Date of First Communion: ____/_____/____ **Parish of First Communion:** _____

Date of Confirmation: ____/_____/____ **Parish of Confirmation:** _____

-OR-

Completed the RCIA Program: ____/_____/____ **Parish received at:** _____

All dates MUST be filled in.
Certificates or letter from Parish where sacraments received are to be attached if other than Queen of the Miraculous Medal, St. Mary Star of the Sea, or St. John the Evangelist.

If applicable, is your Marriage recognized by the Roman Catholic Church: Y ____ N____

Relationship to Candidate: _____ *(Sponsor cannot be candidate's Mother or Father)*

- ✞ **I regularly participate in the Sunday Eucharistic Liturgy and give witness to my faith in Jesus Christ by taking an active part especially by receiving Communion.**
- ✞ **I am striving to live out the Gospel message in my daily life and be a support to others in so doing, especially among those who are my responsibility.**
- ✞ **I am striving to grow in knowledge and understanding of my Catholic faith according to the opportunities opened to me (i.e. Adult Education, Catholic Television, Scripture and Spiritual reading).**
- ✞ **I will give my support to the person I am sponsoring, by my continued interest in their Spiritual growth, by my prayers for them, and by the Christian example of my life.**
- ✞ **I meet the requirements to be a Confirmation Sponsor in the Catholic Church.**
- ✞ **I understand and accept the responsibilities of being a Sponsor for Confirmation.**
- ✞ **I will make a sincere effort to be a positive role model who mentors and shares my faith.**
- ✞ **I will be a spiritual companion to** _____ ***before* and *after* the reception of the Sacrament of Confirmation.** (***Candidate***)

_____ _____
Sponsor **Date**

Sponsor Affidavit

Verification of Sacraments Received

This Side MUST Be Completed by Your Church of Baptism
If the Sponsor was NOT Baptized at Queen of the Miraculous Medal, St. Mary Star of the Sea, or St. John the Evangelist .*

Full Name (include maiden) _____

Date & Place of Birth _____

Phone Number _____

Baptism, First Communion, & Confirmation Information is as stated in the sacramental book at:

_____
(Parish where baptized/RCIA)

Church Address: _____

City:_____ **State:** _____ **Zip:** _____ **Phone:** _____

Pastor Signature: _____ **Date:** _____
(of church where sacramental records are noted)

Please return this form to:
Jake Gerber, Director of Youth Discipleship
Queen of the Miraculous Medal Parish
606 S. Wisner St
Jackson, MI 49203

***OR attach a copy of your sacramental certificates if you have them.**

***OR contact the parish secretary at church of baptism. He/she can provide your baptismal certificate with first communion and confirmation date notations on the back.**

Form Due by second mini-retreat