

**PLEASE RETURN THIS FORM TO:**

ST. JAMES FAITH FORMATION  
9640 KENNEDY AVENUE  
HIGHLAND, INDIANA 46322  
(219) 924-4220 Fax: (219) 924-4295



**THIS FORM IS TO BE SIGNED BY:**

- THE SPONSOR
- THEIR PASTOR

**Sponsor Eligibility Certificate**

Please **PRINT** clearly:

\_\_\_\_\_  
Name of Confirmation Candidate

**REQUIREMENTS FOR CONFIRMATION SPONSORS**

*To perform the role of sponsor, a person must meet the following requirements (taken from The Code of Canon Law, Canon 874):*

- Be someone other than the mother or father of the candidate.
- Be at least 16 years old, having received Baptism, Eucharist, and Confirmation.
- Be a practicing Catholic, who fully participates in the Mass on Sundays and Holy Days, receiving the Sacraments of Eucharist and Reconciliation regularly.
- If married, was validly married according to the laws of the Catholic Church. If divorced, have not remarried outside of the Catholic Church.

*If you are a parishioner of St. James, please fill out the form and drop off/mail to the Faith Formation office for verification. If you are a member of another parish, please take this form to your home parish to be filled out and returned to the address above. Please make sure the Parish seal is stamped on the form. **Without this completed form, there can be no sponsorship.***

**THIS IS TO CERTIFY THAT I, \_\_\_\_\_, AM AN ACTIVE, REGISTERED MEMBER OF**  
Sponsor's Name

\_\_\_\_\_  
Parish Name IN \_\_\_\_\_  
City, State

**SPONSOR'S DATE & PLACE OF CONFIRMATION:** \_\_\_\_\_

**SPONSOR'S DATE & PLACE OF MARRIAGE (IF APPLICABLE):** \_\_\_\_\_

**I UNDERSTAND AND ACCEPT THE RESPONSIBILITY WHICH I UNDERTAKE AS A SPONSOR, AND I PROMISE TO BE A SPIRITUAL GUIDE, A FAITHFUL EXAMPLE, AND A LIFELONG SUPPORT TO THE CONFIRMAND AS THEY GROW IN THEIR CATHOLIC FAITH. I AM PREPARED TO ASSIST THE CANDIDATE WITH ENCOURAGEMENT AND PRAYER.**

\_\_\_\_\_  
Sponsor's Signature

**PRIEST'S CERTIFICATION**

**THIS IS TO CERTIFY THAT THIS SPONSOR CANDIDATE IS A REGISTERED MEMBER OF THIS PARISH IN GOOD STANDING AND, TO THE BEST OF MY KNOWLEDGE, IS CAPABLE OF ASSUMING THE DUTIES AND RESPONSIBILITIES OF THE ROLE OF SPONSOR.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Priest's Signature

\_\_\_\_\_  
Name of Parish

{Parish Seal}

\_\_\_\_\_  
City & State