

This form is to be completed by your sponsor's parish

SPONSOR CERTIFICATE

Candidate's Name _____

This is to certify that

_____, *a member of*

_____ *Parish*

is a confirmed, practicing Catholic and is qualified to act as a

sponsor for the Sacrament of Confirmation.

Rev. _____
(*Priest Signature*)

Parish Address _____

Date _____

Please return completed form to:
Chelle Smith-Vandergriff
St. Stanislaus Catholic Church
6418 Route W
Jefferson City, MO 65101