## St. Charles Borromeo Catholic Church

Religious Education Office Attn: Amy Johns (Director of Religious Education) 4910 Trier Road ~ Fort Wayne, IN ~ 46815

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## CANDIDATES: GIVE TO YOUR CONFIRMATION SPONSOR SPONSOR: Please complete and sign this form.

\*\* If you are not a registered member of St. Charles Borromeo Church, take this form to your parish to have it signed and sealed at the bottom by your parish

\*\* If you are a registered member of St. Charles Borromeo Church, please fill out the top portion above the starred line and return it to the Religious Education office. Please return the completed form by mail, scanned to an email, or fax to the numbers listed above by March 23, 2020.

|  | <u>Confirmat</u>   | ion Spons                      | or Certificate                          |  |  |
|--|--|--------------------------------|---|--|--|
| ,(Print your name as it is to appear on yo |  | , am a regí                    | stered member of the                    | e Roman Catholic parish of                         |  |
| ,<br>(Name of Church)                      |  | ((                             |   | (State)  |  |
| have been asked to be a spon               | sorfor   |                                |   |  |  |
|  |  |                                | Candidate's Name)                       |  |  |
| as he/she receives the Sacra               | ment of Confirmation   | on on Novemb                   | er 21, 2020.                            |  |  |
| l regularly partic                         | jears of age.<br>who has received the<br>ipate in the celebrat | e Sacraments<br>sion of Mass e | of Baptism, Confirm                     | nation, and Eucharist.<br>Holy Days of Obligation. |  |
|  |  |                                | (Name of Church)                        | (City, State)                                      |  |
| attest that the information p              | rovided above is acc   | urate:                         |   |  |  |
| 1  |  |                                | (Signature of Sponsor)                  |  |  |
| (Street Address)                           | (Cíty)   | (State)                        | (Zíp)                                   | (Phone Number with Area Code)                      |  |
| Email Address:                             |  |                                |   |  |  |
| **********                                 | ********   | ******                         | *******                                 | *******  |  |
| certify that, to the best of mu            | knowledge, this pe   | rson is capable                | of assuming the dut                     | ies and responsibilities of the                    |  |
| role of a sponsor for the Sac              | ,  | ,                              |   | ,  |  |
|  |  |                                |   | Church Seal  |  |
| (Signature of Priest/Deacon of Spons       | sor's Home Parish)   | (Date)                         | O MINION MINION TORRO TORRO TORRO TRABA | <u> </u>   |  |