



## St. Elizabeth Ann Seton Roman Catholic Church

1811 Pueblo Vista Dr., Las Vegas, Nevada 89128

(702) 228-8311 (702) 228-8310 (fax)

### Requirements for the Role of a Sponsor for Confirmation

Name of youth to be confirmed (print): \_\_\_\_\_

Name of sponsor (print): \_\_\_\_\_

Youth are encouraged to choose a sponsor among family and friends qualified to serve in that capacity. The sponsor not only serves as a witness at the ceremony of initiation but also assist the child in leading a Christian life. Therefore, Church law requires that sponsors be people who are living the Catholic faith and meet the following qualifications (Canons 872-874):

*Please  
Initial Each*

\_\_\_\_\_ I am at least 16 years of age.

\_\_\_\_\_ I am a practicing Catholic who has received the three Sacraments of Initiation: Baptism, Holy Communion and Confirmation.

\_\_\_\_\_ As a practicing Catholic, I attend Mass on Sundays and Holy Days of Obligation at my home parish of \_\_\_\_\_ in \_\_\_\_\_  
(City/State/Country)

\_\_\_\_\_ If I am married, my current marriage is a valid Catholic marriage. I was married in \_\_\_\_\_ at \_\_\_\_\_  
(City/State/Country) (Name of Parish)

\_\_\_\_\_ I am not cohabitating, which is living together without marriage.

\_\_\_\_\_ I am not a parent of the child to be initiated.

\_\_\_\_\_ I promise that I intend to assist the parents of the child in their duty as Christian parents by being a witness to the Catholic faith and by helping the child lead a Christian life.

**I hereby declare that I am a registered member of the Catholic parish named below and that I meet the above qualifications to be a sponsor for the child named above.**

Prospective sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am a registered member of St. Elizabeth Ann Seton Roman Catholic Church, Las Vegas, NV. Parish envelope number \_\_\_\_\_

I am a member of another Parish. **(The form below is to be completed by that parish.)**

**I certify that (print) \_\_\_\_\_ is a registered member of our parish.**

**Signature of Pastor/Delegate: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parish Name: \_\_\_\_\_**

**Parish Seal**

**City: \_\_\_\_\_ State: \_\_\_\_\_**