

CONFIRMATION SPONSOR INFORMATION
Due by January 14, 2018

Candidate Name _____

Sponsor Name _____

(MAIDEN NAME, IF APPLICABLE) _____

Sponsor Address _____

City, State, Zip Code _____

Telephone Number _____

Sponsor Parish _____

Please have the parish office, where you are registered and attend, fill out the following information and mail or fax the entire completed form.

Deborah Farabaugh
St. Anna's Catholic Church
836 East Spring Street
Monroe, GA 30655
Fax: 770-267-0465

SPONSOR CERTIFICATE

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This is to certify

That _____

is a member of this Parish, is a practicing Catholic and is qualified to act as a sponsor for the Sacrament of Confirmation.

Rev. _____

Church of _____

City, State, Zip Code _____

Date _____

Thank you!