

St. Frances Xavier Cabrini Parish

5030 Mariner Boulevard
Spring Hill, Florida 34609
352-686-9954 Ext 204(phone)
352-688-2660 (fax)

Student Name _____

CONFIRMATION SPONSOR INFORMATION FORM

Sponsor Name _____

Date of Birth _____

Address _____

Phone _____

Please read the following qualifications in order to be a sponsor for Confirmation.

I declare that I am a Baptized and Confirmed Catholic. I believe all that the Catholic Church believes and proclaims to be revealed by God, and make a serious effort to live a good moral life worthy of imitation. As a Catholic in good standing with the Catholic Church, I participate at Mass on Sundays and Holy Days, and I receive the Sacraments of Reconciliation and Eucharist regularly. I realize I assume a great responsibility before God and the Church in becoming a sponsor.

Sponsor signature _____

Date _____

SPONSOR'S PARISH INFORMATION

(THIS MUST BE COMPLETED BY THE SPONSOR'S PARISH)

This certifies that the above named person is a registered parishioner in good standing.

*Pastor or
Church Official's Signature* _____

Name of Parish _____

Address of Parish _____

