

Candidate's Name \_\_\_\_\_

St. Patrick's Church  
19399 East Highway 120  
Ripon, California 95366  
Office: 209-838-2133 / Fax: 209-838-1077

**SPONSOR ELEGIBILITY FORM**

**This portion is to be completed by the sponsor. Please Print**

**ATTENTION: This form must be submitted to the Confirmation Coordinator no later than Monday, November 28, 2022.**

Name of Sponsor: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church of your Baptism: \_\_\_\_\_

City/State: \_\_\_\_\_

Church of your Confirmation: \_\_\_\_\_

City/State: \_\_\_\_\_

Are you married: \_\_\_\_\_ by a Catholic Priest? \_\_\_\_\_

Name of Parish you belong to: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of the young adult you will be sponsoring: \_\_\_\_\_

**I understand the responsibility that I am undertaking and I have both the desire and intention to fulfill it.**

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention Sponsor: take this form to your parish for affirmation by your priest, or a deacon. Without the parish seal and the pastor's signature, this form will not be accepted.**

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**For use by the parish of the sponsor:**

I know the above named person to be a Catholic who has received the Sacraments of Baptism, Confirmation, and Eucharist. This person participates regularly in the life of the Catholic Church, is bound by no canonical penalty and is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Other: \_\_\_\_\_ (Please comment.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church: \_\_\_\_\_

(Parish Seal)