**St. John Paul II Parish**

Bayonne, NJ

Letter of Good Standing

Confirmation Sponsor

WITNESS/SPONSOR FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of person being confirmed)

NAME OF PARISH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parish where Confirmation is to be held)

SCHEDULED DATE OF CONFIRMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR INFORMATION:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ affirm that:

 (Please print first and last name)

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

\_\_\_\_ I am a practicing Catholic registered at a parish.

\_\_\_\_ I have received the sacraments of Baptism, First Holy Communion, and Confirmation in the Catholic Church.

\_\_\_\_ I participate in the Mass on Sundays and Holy Days and receive the Sacraments of Eucharist and Reconciliation regularly.

\_\_\_\_ I regularly contribute to the financial needs of my parish.

\_\_\_\_ If married, I am validly married according to the laws of the Catholic Church. If divorced, I have no remarried outside the Catholic Church.

\_\_\_\_ I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact.

\_\_\_\_ I realized that I assume a great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.

By my signature, I attest to be a practicing Catholic who seeks to be admitted as a sponsor, solemnly affirm that I fulfill the requirements of the Catholic Church for this role as presented above, I intend with the grace of God, to continue the practice of my Catholic Faith, and I will, to the best of my ability, carry out the obligations of my role as sponsor.

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

(Sponsor’s Signature) (Date)

TO BE COMPLETED BY THE SPONSOR’S PARISH:

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Sponsor Name)

\_\_\_\_ is a registered member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Parish)

\_\_\_\_ is in good standing in this parish and the he/she meets the requirements for being a sponsor.

\_\_\_\_ is registered in our parish as an active, practicing Catholic.

Priest Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_