

TO BE COMPLETED BY ALL SPONSORS

REQUIREMENTS FOR CONFIRMATION SPONSORS

(taken from The Code of Canon Law, canons 874, 892 and 893)

"The sponsor's function is to take care that the person confirmed behaves as a true witness of Christ and faithfully fulfills the duties inherent in this sacrament." Canon 892

The following requirements are necessary in order for a person to fulfill the role of Sponsor:

- 1. I am not younger than 16 years of age.
- **2.** I have received the three Sacraments of Initiation: Baptism, Confirmation and Eucharist.
- **3.** I participate in the Mass on Sundays and Holy days; and receive the Sacraments of Eucharist and Reconciliation regularly.
- **4.** 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 daily.
- **5.** If married, I have been validly married according to the laws of the Catholic Church.
- **6.** I am neither the father nor the mother of the candidate.

I realize that I assume a great responsibility before God and the Church in becoming a
Sponsor. I will give support to, the person I am
sponsoring in the Sacrament of Confirmation, by my prayers and by the Christian
example of my daily life.
Sponsor's Name (Please PRINT)
By my signature, I attest to the truth of these statements:
Church parish:
If NOT a parishioner of St. Gabriel please also have your pastor complete the
"CONFIRMATION SPONSOR FORM FROM OUTSIDE THE ST. GABRIEL COMMUNITY"

Please return completed form by **NOVEMBER 15 2017** to:

St. Gabriel the Archangel, Attn: Dawn Purcell, 110 St. Gabriel Way, McKinney, TX 75071 or email to dpurcell@stgabriel.org. Please follow up to be sure we received your paperwork.



CONFIRMATION SPONSOR FORM

FROM OUTSIDE ST. GABRIEL'S COMMUNITY

to be completed by non-parishioners

(A letter on parish letterhead signed by the pastor is also acceptable.)

I attest that	attest that			, (please print Sponsor's name)		
a member ofgood standing within our pa			_Parish, is a p	practicing Catho	olic in	
Pastor's signature						
Church						
Address						
City		State	Zip_			
Date						
CONFIRMATION CANI Please fill in the bottom p	DIDATE:				~~~~~	
Please <u>print</u> clearly.						
Confirmation Candidate						
Sponsor's Name						
Sponsor's Address						
	City		State	Zip		
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Please mail or fax this completed form **By NOVEMBER 15, 2017** to: Dawn Purcell, Sacramental Preparation Coordinator, <a href="mailto:dpurcell@stgabriel.org">dpurcell@stgabriel.org</a>

St. Gabriel the Archangel Catholic Community

110 St. Gabriel Way McKinney, TX 75071 (972) 542-7170