

Name of Confirmation Candidate:			
	(First)		(Last)
Full Name of Sponsor:	:		
	(First)	(Middle)	(Last)
Address of Sponsor:			
(Street)	(City)	(State)	(Zip Code
S	ponsor Certificat	e for Confirma	tion
and Eucharist) and able to accept the re	Church (has received the distributed the last faithfully attends Sundole and responsibility of	day Mass. Therefore, Sponsor.	•
Pastor or Church Do	elegate	Date	
Name of Church			
		PA	RISH
Street Address		S	EAL
City, State, Zip Cod	e		

<u>Note</u>: If the Sponsor is currently a member of St. Benedict Parish, please complete the top portion of this form.

Then give the form directly to Heather Mooney, David Rees, Mary Ziebell, or Sr. Colleen for verification. Thank you!