

# St. Vincent de Paul Catholic Church

680 W. Memorial Drive, Dallas, GA 30132 – 770-443-0566

## *Certificate of Sponsorship for Baptism \_\_\_\_ or \_\_\_\_ Confirmation*

I acknowledge that to serve as a sponsor I must meet the following criteria:

I am a Catholic who has been confirmed and who is currently receiving the Sacrament of the Eucharist. Yes\_\_\_\_ No\_\_\_\_

I am at least sixteen years of age. (An exception may be made by the Pastor for just cause.) Yes\_\_\_\_ No\_\_\_\_

I will undertake the ministry of a sponsor and promise to lead a life of faith in harmony with that ministry. Yes\_\_\_\_ No\_\_\_\_

I affirm that I am not the parent of the child to be baptized or confirmed. Yes\_\_\_\_ No\_\_\_\_

I am married. Yes\_\_\_\_ No\_\_\_\_

If yes, were you married in the Catholic church by a Catholic priest or deacon? Yes\_\_\_\_ No\_\_\_\_

I join in the celebration of Mass and Communion regularly and fulfill my obligations to my parish. Yes\_\_\_\_ No\_\_\_\_

I am a registered member of St. Vincent de Paul Catholic Church in Dallas, GA. Yes\_\_\_\_ No\_\_\_\_

If No: I am a registered member of \_\_\_\_\_

Catholic Church in (city/state)\_\_\_\_\_.

*If you are not a registered member of St. Vincent de Paul please have the box below completed by your parish. I recognize that sponsors have a special ministry in the sacraments of Baptism and Confirmation. I understand my responsibility to lead a Christian life and fulfill the obligations flowing from it. I hereby testify that I fulfill all these requirements to serve as a sponsor.*

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

Printed name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of candidate for Baptism or Confirmation: \_\_\_\_\_ Date of Baptism/Confirmation: \_\_\_\_\_

Name of church where the Baptism/Confirmation will take place: \_\_\_\_\_

I, the sponsor, request that the certificate be mailed to the attention of: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Or sent via facsimile to (Area code plus telephone number): (\_\_\_\_\_) \_\_\_\_\_

Or I will pick it up in the parish office. Please call me at (\_\_\_\_\_) \_\_\_\_\_ to let me know when it is ready.

Office Use:

I hereby testify that \_\_\_\_\_ is a registered member of this parish and has affirmed that he/she fulfills all of the requirements to serve as a sponsor.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parish Priest/Deacon

Seal