** SAINT JOHN PAUL II PARISH**

 *47 West High St., E. Hampton, CT 06424 860-267-6644*

**Churches of:**

 **ST. BRIDGET OF KILDARE and ST. PATRICK**

**CERTIFICATE OF ELIGIBIITY FOR:**

Baptism Confirmation

Witness/Sponsor for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *(Name of person being baptized or confirmed)*

Scheduled Date of Ceremony: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Ceremony: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPONSOR INFORMATION:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESIDING AT:

  *(Please PRINT first and last name)*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered and Attending Mass at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *(Church Name, Town and State)*

**Affirm that:**

 *I am at least 16 years of age, I am a practicing Catholic, and I have received the*

*sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.*

 *I participate in the Mass on Sundays and Holydays and receive the Sacraments of*

*Eucharist and Reconciliation regularly.*

*If married, I am validly married according to the laws of 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 realize that I assume a greater 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 the truth of these statements:

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

 *(Sponsor’s signature)*

**TO BE COMPLETED BY THE SPONSOR’S PARISH**  PARISH SEAL:

 Priest Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Must be signed by a Roman Catholic Priest)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL required for valid documentation)