

## Our Lady of Perpetual Help Parish

5250 Central Avenue Riverside CA 92504 (951) 689-8921 Fax (951) 689-3619

## **CONFIRMATION SPONSOR INFORMATION**

Congratulations on being asked to be a Sponsor! By accepting this role, you are committing to play a significant role in this person life. You will be asked to share your faith with this person and encourage them on his/her journey as a Catholic.

Once completed and signed, please return the form to the Church's office.

	First Name (Please do not use Ni	ick Name)	Middle Name	Last Name
	Home Phone	Cell Phone		Email Address
Name o	f Your Catholic Parish:			
	Parish Name		City	State
Name o	f Person you are sponsorin	g:		
	First Name		Middle Name	Last Name
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	QUALIFICATIO	INS OF A C	ONFIRMA	ATION SPONSOR
please (			,	nformation. If you have a question, nts, please let the parents know immediately.
1. A Sp	onsor must be fully initiated i	nto the Catholic C	hurch. Please in	dicate whether you have received
	three Sacraments of Initiation		narchi ricase III	acute whether you have received
Baptism	Yes No Confirmed	in the Catholic Ch	urch:   Yes	No First Eucharist: □ Yes □ No
3. A Sp	onsor must be in good standi	f the person to be ng with the Catho	e confirmed. Are blic Church.	e you the parent of this person? $\square$ Yes $\square$
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