

## ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH CONFIRMATION REGISTRATION 2017-18

(Please **PRINT** clearly) Candidate's Full Name: \_\_\_\_\_

Confirmation Saint \_\_\_\_\_

Candidate's School: \_\_\_\_\_

Candidate's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
( Mon. Day Yr.)

Candidate's Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip) (Country)

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's **Maiden** Name: \_\_\_\_\_

☒ Candidate's **Sponsor's** Full Name: \_\_\_\_\_

Registered with St. Mary Help of Christians Catholic Church: YES or NO

- If **YES**, envelope number \_\_\_\_\_
- If **NO**, parish are you currently registered with \_\_\_\_\_

Candidate's Date of Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
( Mon. Day Yr.)

Baptismal Church: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip) (Country)

Has this candidate had the opportunity to celebrate First Confession: YES or NO

Has this candidate celebrated First Holy Communion: YES or NO

**A copy of the candidate's baptismal certificate should accompany this form or be mailed to St. Mary Help of Christians Catholic Church, PO BOX 438, Aiken SC 29802. Attention: Joan LaBone**

**Office Use Only**

PDS \_\_\_\_\_

Cert. \_\_\_\_\_

Conf. Bk \_\_\_\_\_

Bap. Bk \_\_\_\_\_

Letter to  
Baptismal  
Church \_\_\_\_\_

## **SPONSOR INFORMATION:**

Each candidate must choose someone to be his/her sponsor. **This person must be at least 16 years old and a practicing Catholic who has already been confirmed. Parents may not serve as sponsors for their own children.** Since Confirmation is one of the three sacraments of initiation begun at Baptism, the Church recommends (but does not require) that one of the baptismal godparents serve as a Confirmation sponsor. Sponsors do not have to be the same sex as the candidate.

Please have the sponsor complete the “**ELIGIBILITY CERTIFICATION FOR SPONSORS**” form and return it with your Confirmation Registration information.

Please return the following to Joan LaBone at the parish office by:

**February 1, 2018**

- Confirmation Registration Form
- Copy of candidate's baptismal certificate
- Eligibility Certification for Sponsors Form

St. Mary Help of Christians Catholic Church  
PO Box 438  
Aiken SC 29802



# ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

PO Box 438, Aiken, South Carolina, 29802

## ELIGIBILITY CERTIFICATION FOR SPONSORS

Baptism

Confirmation

(Print clearly)

Name of the candidate for Baptism / Confirmation: \_\_\_\_\_

Church where Baptism / Confirmation will be: \_\_\_\_\_

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

- I am a practicing Catholic who has been baptized, confirmed and who is currently receiving the Sacrament of the Most Holy Eucharist. Yes  or No
- I am at least sixteen (16) years of age. Yes  or No
- I will undertake the ministry of a sponsor & promise to lead a life of faith in harmony with that ministry. Yes  or No
- I affirm that I am not the parent of the child to be baptized or confirmed. Yes  or No
- I am either married in the Catholic Church or I am single. Yes  or No
- I am a registered member of St. Mary Help of Christians Church. Yes  or No

If **NO**: I am a registered member of \_\_\_\_\_ Catholic Church  
 Parish address I am registered with \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

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 herby testify that I fulfill all these requirements to serve as a sponsor.***

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

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

This section must be properly signed and impressed with the church seal of the Sponsor's parish.

I herby 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.

\_\_\_\_\_  
 (Signature of Parish Priest)

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

**PARISH SEAL**