ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH CONFIRMATION REGISTRATION

) F 11 N				Office Use On
(Please PRINT clearly) Candidate's Full Name:					
Confirmation Saint Report D	ue February 2	26,2024			Cert
Candidate's School:					Conf. Bk
Candidate's Date of Birth	(Mon. Da	y / Yr.)	Age	Grade	
Candidate's Home Address:	(0)				_ Letter to
	(Street)				Baptismal Church
(City)	(State)	<u> </u>	(Zip)	(Country)	
Home phone:		Ce	ell phone:		
Family Email:					
Father's Full Name:					
Mother's Full Name:					
Mother's Maiden Name:					
▼ Candidate's Sponsor's Full	ıll Name:				
Registered with St. Mary He	lp of Christiar	ns Catholic C	Church: YES	or NO	
• If YES, envelope nur	nber				
• If NO , parish are you					
Candidate's Date of Baptism	/ (Mon.	Day / Yr.))		
Baptismal Church:					
(Street)					
(City) (St	ate)	(Zip)		(Country)	
Has this candidate had the or	portunity to c	celebrate Firs	t Confession:	YES or NO	
Has this candidate celebrated				NO	
	5		_		

A copy of the candidate's baptismal certificate should accompany this form or be mailed to St. Mary Help of Christians Catholic Church, 203 park Ave, SE, Aiken, SC 29801. Attention: Joan LaBone

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: <u>January 29, 2024</u>					
☐ Confirmation Registration Form					
☐ Copy of candidate's baptismal certificate					
☐ Eligibility Certification for Sponsors Form					
St. Mary Help of Christians Catholic Church 203 Park Ave SE Aiken SC 29801					



ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

PO Box 438, Aiken, South Carolina, 29802

ELIGIBILITY CERTIFICATION FOR SPONSORS

1/4S-1853-YAND	■ Baptism	☐ Confirmation	on
(Print clearly)			
Name of the candidate for	or Baptism / Confirmation:		
	Confirmation will be:		
I acknowledge that to se	rve as a sponsor I must meet the	e following criteria:	
	g Catholic who has been baptized receiving the Sacrament of the		Yes □ or No □
• I am at least sixt	teen (16) years of age.		Yes □ or No □
	the ministry of a sponsor & proony with that ministry.	mise to lead a life	Yes □ or No □
• I affirm that I ar	Yes □ or No □		
• I am either marr	Yes □ or No □		
• I am a registered	d member of St. Mary Help of C	Christians Church.	Yes □ or No □
If NO : I am a ro	egistered member of		Catholic Church
Parish address I	am registered with(Street)		
•	s have a special ministry in the stibility to lead a Christian life ar	•	
I herby testify	that I fulfill all these require	ements to serve as a spons	or.
Signature:		Date:	
		Phone:	
Address			
(Street)			
(City)		(State)	(Zip)
This section must be pr	roperly signed and impressed w	ith the church seal of the Spo	nsor's parish.
I herby testify that this parish and has affin	rmed that he/she fulfills all of th	is a re requirements to serve as a	gistered member of sponsor.
		Date:	
(Signature of Parish Priest)	PARISH SEAL		