

SAINT TIMOTHY CATHOLIC CHURCH

Celebrating 60 Years of Faith, Prayer, & Thanksgiving

OFFICE OF RELIGIOUS EDUCATION CONFIRMATION SPONSOR PROMISE CERTIFICATE

This form is to be filled out and signed by the **Sponsor** and the **Sponsor Parish Pastor**, and have the seal of the parish. (**DUE DATE: On or before March 20**th, **2021**)

- 1. **Can. 892** As far as possible, the person to **be Confirmed** is to have a **Sponsor**. The **Sponsor** 's function is to take care that the **person Confirmed** behaves as a true witness of Christ and faithfully fulfills the duties inherent in this sacrament.
- 2. Can. 893 A person who would undertake the office Sponsor, must fulfill the condition mentioned in Can. 874.
- 3. Can. 874 To be admitted to undertake the office of Sponsor a person must:
 - 1. Be appointed by the person to be Confirmed, or by the parents or whoever stands in their place, or failing these, by the parish-priest or the minister to be appointed, the person must be suitable for this role and have the intention of fulfilling it.
 - 2. Be not less than 16 years of age
 - 3. Be a Catholic who has been confirmed and has received the blessed Eucharist and who lives a life of faith which befits the role to be undertaken.
 - 4. Not labor under a canonical penalty, whether imposed or declared (married sponsors must be married through the Catholic Church)
 - 5. Not be either the father or mother of the person.

SPONSOR PROMISE CERTIFICATE

Signature of Pastor:	Date:(MM/DD/YYYY):	Parish Seal:
Sponsor's Phone:	Sponsor's Address:	
Sponsor's Signature:	email:	
 I regularly participate in the SCOMMUNION. I am living my Christian voca a clergyman. I actively strive to live out m those with whom I come in core 	tion as a single person, or as a validly my commitment to Christ and to the com	Eucharist, and Confirmation. th in Christ Jesus by regularly receiving Him in Holy narried person (married by the Catholic Church), or munity life of the Church by my loving response to s and my Christian example. I will help him/her be
I <mark>, (PRINT FULL SPONSOR NAM</mark>	E)	AFFIRM THAT:
Parish Envelope #	d participating member of	, on (DATE MM/DD/YYYY) // (CATHOLIC PARISH'S NAME)
affirm that I am registered and	-1	

St Timothy Catholic Church. Office of Religious Education. Coordinator: Dennys Victoria Cabrera,

This is to certify that the above-named SPONSOR is a Catholic in good standing.

Email: dcabrera@sainttimothycatholic.org Phone: (305) 274-8224 website: www.sainttimothycatholic.org Update Jan 2021

NOTE: THIS FORM WILL NOT BE ACCEPTED WITHOUT THE OFFICIAL SEAL OF THE SPONSOR'S PARISH AND PASTOR'S SIGNATURE