

**CONFIRMATION SPONSOR INFORMATION**  
**Due by January 14, 2018**

**Candidate Name** \_\_\_\_\_

**Sponsor Name** \_\_\_\_\_

(MAIDEN NAME, IF APPLICABLE) \_\_\_\_\_

**Sponsor Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Sponsor Parish** \_\_\_\_\_

Please have the parish office, where you are registered and attend, fill out the following information and mail or fax the entire completed form.

Deborah Farabaugh  
St. Anna's Catholic Church  
1401 Alcovy Street  
Monroe, GA 30655  
770-267-7637

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**SPONSOR CERTIFICATE**

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*This is to certify*

That \_\_\_\_\_

is a member of this Parish, is a practicing Catholic and is qualified to act as a sponsor for the Sacrament of Confirmation.

Rev. \_\_\_\_\_

Church of \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date \_\_\_\_\_

Thank you!