

## OCIA/ADULT CONFIRMATION GODPARENT/SPONSOR CERTIFICATE OF ELIGIBILITY

Please print your responses and return this form to the Coordinator of the OCIA Process at least 2 weeks prior to the celebration of the Initiation Rites or Adult Confirmation. Unfortunately, we can not accept faxed or emailed copies of this form.

I,, am a practi	icing, Confirmed Catholic and am currently
(Godparent/Sponsor Name)	
registered at in	
registered at in in	(City/State/Zip)
The person for whom I will serve as Godparent/Sponsor,	is preparing for: (Name of candidate)
Full Initiation (Baptism, Confirmation, and Eucharist)	Confirmation only
Profession of Faith, Confirmation, and Eucharist	
The Sacrament(s) will occur on(Date of rite to be celebrated)	at St. Patrick Catholic Church, Yorkville, Illinois.
Place a check before all that apply to the Godparent/Sponsor:	:
<ul> <li>[] I am a Roman Catholic.</li> <li>[] I strive to attend Holy Mass every Sunday.</li> <li>[] I am at least 16 years of age and have received all the Sacran Confirmation) in the Catholic Church.</li> <li>[] (If married) My marriage took place either in a Catholic Church.</li> <li>[] I am single or divorced and not remarried; if divorced and re and the 2<sup>nd</sup> marriage occurred in the Church.</li> <li>[] I understand my responsibility as a Catholic Godparent/Spore</li> </ul>	urch before a priest or deacon OR took place married, you received an annulment from the Church

This section is to be completed by the Catholic Church in which the Godparent/Sponsor is currently registered.

## THIS IS TO CERTIFY

That \_\_\_\_\_\_, a member of this Parish, is a practicing Catholic and meets the requirements as required by Canon Law to act as a Godparent/Sponsor for the Sacraments of Initiation, Baptism, Confirmation, and Eucharist.

r	Reverend	
		(Signature of Priest or Deacon)
	Printed Name	
CHURCH SEAL	Church of	
	City/State	
	Phone number	Date