

Sponsor Parish Participation Form
(for sponsors not registered at Good Shepherd)

Name of Confirmation Candidate: _____

This is to verify that:

_____ (sponsor's name)
(please print legibly)

_____ (address) _____ City _____ State _____ Zip

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

Rev. _____
(Signature)

(Printed or typed name)

Name of Church: _____

Church Address:

Date: _____

Sponsor's Email Address: _____

Sponsor's Phone#:

(home)

(mobile)

Please return completed form to:

**Good Shepherd Catholic Church
Confirmation FORMS
4665 Thomasville Road
Tallahassee, Fl. 32309**