

St. Michael the Archangel Parish

Office of Youth Ministry

3430 St. Michael Drive NW

Canton, Ohio 44718

330-492-3119

CONFIRMATION SPONSOR VERIFICATION FORM

Name _____

Address _____
Street City Zip

Phone _____

Parish of Membership _____
Name City Diocese

Pastor Name _____

The above-named person, selected to be a sponsor for _____
Candidate's Name

requests that sponsor eligibility be verified by the pastor according to the norms of Canon Law.

_____ Fully initiated Catholic (who have themselves received the Sacraments of Baptism, Confirmation and Holy Eucharist [Canon 874.3]).

_____ At least 16 years of age (Canon 874.2).

_____ Not a parent of the candidate (Canon 874.5).

_____ Leads a life in harmony with the duty of a sponsor, including participating in the sacramental life of church.

Signature of Pastor

Date

Signature of the sponsor selected

Date

Please return this completed form by February 1, 2024 to:

Rachel Shumar
Youth Ministry & Confirmation Coordinator
3430 St. Michael Drive NW
Canton, Ohio 44718