

**Immaculate Conception Church**  
**709 Franklin St. Clarksville, TN 37040**  
**Office: 931-645-6275 Fax: 931-552-0331**

**Certificate of Sponsorship**

**Confirmandi's Name** \_\_\_\_\_

To be selected as a sponsor of a candidate for Confirmation in the Catholic Church is a great privilege. As a sponsor you will be asked to extend, in a very personal way, our Catholic community's welcome and support. As you share this experience of exploring our Catholic faith with your candidate, you pass on the spirit of the community and God's loving presence. In accepting the invitation to be a sponsor for your candidate, you are making a commitment to help them grow in their relationship with the Risen Lord and the Church. This is also an opportunity for you to renew and deepen your own faith. In the end, you may find that you have gained a new friend for this life's journey as well.

**Requirements for Sponsors**

These requirements flow from the above understanding of the Sacraments and roles of sponsors as set forth in the Code of Canon Law.

**Sponsors must be:**

**Can.893**

**§1.** To perform the function of sponsor, a person must fulfill the conditions mentioned in Can. 874.

**§2.** It is desirable to choose as sponsor the one who undertook the same function in baptism.

**Can.874**

**§1.** To be permitted to take on the function of sponsor a person must:

**1/** be designated by the one to be baptized, by the parents or the person who takes their place, or in their absence by the pastor or minister and have the aptitude and intention of fulfilling this function;

**2/** have completed the sixteenth year of age, unless the diocesan bishop has established another age, or the pastor or minister has granted an exception for a just cause;

**3/** be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on;

**5/** not be the father or mother of the one to be baptized or confirmed

**I hereby testify that I fulfill these requirements to serve in the ministry of sponsor.**

**Sponsor Information:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please return to the Religious Education office at Immaculate Conception Church by the 1<sup>st</sup> of December.**