

Confirmation Sponsor Form

TO BE FILLED OUT BY YOUR SPONSOR AND RETURNED TO MAURA NEDWELL BY 12/16/18.

A Confirmation Candidate is:

- v *At least 16 years of age*
- v *Fully initiated Catholic through the sacraments of Baptism, Eucharist and Confirmation*
- v *Currently practicing their Catholic faith through weekly participation at Mass*
- v *Committed to living a lifestyle centered on Christian morals*
- v *Not the candidate's parent*

Name of Confirmation Candidate: _____

Sponsor Information

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Birth date: _____

Name of parish you attend: _____

City: _____ State: _____

What is your relationship to the candidate? _____

How long have you known the candidate? _____

Sacraments

Have you been baptized? Yes/No

Have you received First Penance? Yes/No

Have you received First Eucharist? Yes/No

Have you been Confirmed? Yes/No

*Are you a practicing Catholic? Yes/No

**if you are from a parish other than ours, please ask your priest for a Sponsor Certificate.*

Responsibilities

The confirmation sponsor's role is one of a mentor in the Catholic faith. He/she will present the candidate to the Bishop on the day of confirmation and in doing this, state that the candidate is fully prepared to not only receive the sacrament of Confirmation, but also to live the Christian life. The sponsor should continue to support the candidate in his/her Catholic faith in the years ahead.

What you can do

- Pray for your candidate daily.
- Live an exemplary Catholic lifestyle.
- Perform acts of service with your candidate.
- Go to adoration, confession or Mass together & then go to lunch and share your own faith.

Sponsor Signature

Date

Confirmation Register Information

*Holy Trinity Parish
Hudson/Germantown, New York*

To be completed by Candidate or Candidate's parents

Please Return by **December 16, 2018.**

Please fill out completely. Please print. Please use full names, no nicknames.

Candidate's Name: _____
(LAST) (FIRST) (MIDDLE)

Confirmation Name: _____
(SAINT)

Age: _____
(YEARS)

Place of Baptism: _____
(CHURCH) (CITY) (STATE)

Date of Baptism: _____
(MONTH) (DAY) (YEAR)

Residence: _____
(CITY) (STATE)

Father's Name: _____
(MIDDLE) (LAST) (FIRST)

Mother's Name: _____
(MAIDEN) (FIRST) (MIDDLE)

Sponsor's Name: _____
(LAST) (FIRST) (MIDDLE)

(office use only)

Date of Sacramental Celebration: _____

Administered by: _____

Roman Catholic Diocese of Albany

ACTIVITY/PROGRAM PERMISSION FORM – ON SITE
Due March 3rd, 2019

I, _____, am the parent or guardian of _____
(name of parent/guardian) (name of child/youth)

a child/youth at HOLY TRINITY Parish. I hereby grant permission for the

above child/youth to attend CONFIRMATION RETREAT Sunday, March 10th, beginning with 9 a.m. Mass until appx 6 pm (TBD) (type of activity/program)

at ST MARY'S ACADEMY with MAURA NEDWELL & Columbia County Deanery Parishes and staff
(location of trip) (name of catechist/youth minister)

participation in this on-site activity/program. I understand that I am responsible for picking up my child at the end of this activity. ***I have included my teen's \$40 Retreat Fee with this permission slip.***

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. Should I need to contact someone in regard to my teen, I should call:

Name MAURA NEDWELL Phone 518-828-0843 (school) or 518-821-2393 (cell)

I fully understand what is involved in this activity, and I understand that I have the opportunity to call the catechist/youth minister and ask him/her about the activity/program.

Emergency Contact: _____ Phone _____ Relationship _____

Phone _____ Relationship _____

(signature of parent/guardian) _____ / ____ / ____
(date)

PLEASE ENCLOSE THE \$40 RETREAT FEE WITH THIS PERMISSION SLIP. IF THIS FEE IS A HARDSHIP FOR YOUR FAMILY, PLEASE CALL ME