

## ST. JOHN THE EVANGELIST PARISH

COME AND SEE

**Sponsor/Godparent Letter** 

711 N. Martin Luther King Dr. Jackson, MI - 49201 517-784-0553

( ) Confirmation

Sacrament: ( ) Baptism

## Name of Person to receive sacrament:

(This letter must be completed		then signed and sealed by a Pricis registered and attending)	est or authorized delegate at the
ponsor/Godparent:			
irst Name:	Last Name:	Maiden Name:	
ull Mailing address:			
mail address:		Phone:	
By my signature, I an	າ testifying under oa	ath in the Divine Na	me that I fulfill the
uidelines to be Spor	nsor/Godparent (acco	rding to Canon Law #874, sumr	narized here):
I am assuming a serious and my prayer	, lifelong responsibility to l	be a good role model in th	e Catholic faith by my life
I am a Roman Catholic a Confirmation)	nd have celebrated all of the	he Sacraments of Initiatior	n (Baptism, Eucharist,
I participate weekly in S	unday Mass and Holy Days	of Obligation	
I receive Holy Communi	on and the sacrament of R	econciliation at least once	e a year
If married, I am married	according to the laws of the	he Catholic Church	
I am at least 16 years of	age or will be by the date	of Confirmation for which	I will be a sponsor
I am not the parent, ste	p-parent, or legal guardian	of the person to be Bapti	zed/Confirmed
oonsor's Signature:		Date:	
		rishioners:	
nce you have completed a ormation Department.	nd signed the top of this le	tter, please return it to the	e St. John Parish office/Fait
	Non-St. John	Parishioners:	
fter you have filled out and nd return to the Faith Form	I signed the above information Dept at St. John.	tion, please give this letter	to your pastor to complet
o the Sponsor/Godp	parent's Pastor:		
he above named person is a	a registered member of the	parish listed below.	
astor's/approved delegate	's signature:		Date:
			<del></del>
			PARISH SE