

480 S. Park Blvd., Glen Ellyn, IL 60137 Phone: 630-469-7540 Fax: 630-469-7590



# St. James the Apostle Catholic Church

## CERTIFICATE OF ELIGIBILITY FOR:

BAPTISM \_\_\_\_\_ CONFIRMATION \_\_\_\_\_

\_\_\_\_\_ (please print first and last name of person being baptized or confirmed)

Scheduled Date of Ceremony (if known): \_\_\_\_\_

### SPONSOR INFORMATION

\_\_\_\_\_ (please print first and last name)

\_\_\_\_\_ Maiden Name (if applicable)

\_\_\_\_\_ (email address)

Affirm that I am at least 16 years of age, I am a practicing Catholic, and I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church and I am not the mother or father of the child receiving the sacrament.

Name of parish where I was confirmed \_\_\_\_\_

Location \_\_\_\_\_ Confirmation Date \_\_\_\_\_

I participate in the Mass on Sundays and Holy days and receive the Sacraments of Eucharist and Reconciliation regularly.

If married, I am validly married according to the laws of the Catholic Church.

I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact.

I realize that I assume a great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.

By my signature, I attest to the truth of these statements:

\_\_\_\_\_  
Sponsor's Signature

### SECTION BELOW TO BE COMPLETED BY THE PARISH WHERE THE SPONSOR IS CURRENTLY A PRACTICING PARISHONER

Signature of Priest/Deacon: \_\_\_\_\_

Church: \_\_\_\_\_

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

Date: \_\_\_\_\_

