

THE CATHOLIC PARISHES OF STOUGHTON
SPONSOR CERTIFICATE

(Candidate's Name)

(Church of candidate's Confirmation)

Date of Confirmation

I, _____ have been asked
(Sponsor's Name)
to accept the responsibility to be a Sponsor for the Sacrament of Confirmation for

(Candidate's Name)

Sponsor's Name: _____

Sponsor's Address: _____
(Street) (City/Town) (State)

Sponsor's Phone Number: _____

Sponsor's Parish: _____
(Parish) (City/Town) (State)

I certify that _____
is a registered member of this Parish and is a practicing Catholic and is qualified to act
as a Sponsor for the Sacrament of Confirmation.

(Date)

Rev. _____

Parish Seal

Immaculate Conception
122 Canton Street, Stoughton, MA 02072

stoughtoncatholic.org
781-344-2073

St. James Parish
560 Page Street, Stoughton, MA 02072