




Our Mother of Good Counsel Parish

AUGUSTINIAN  PARISH

16043 S. Bell Rd., Homer Glen, IL 60491-6728

708-301-6246—Office 708-301-6356—FAX

708-301-0214—Religious Education

Student Name: _____

CONFIRMATION SPONSOR INFORMATION FORM

2011-2012 School Year

Sponsor Name _____

Date of Birth _____

Address _____

Phone Number _____

Please read the following qualifications in order to be a sponsor for Confirmation.

I declare that I am a Baptized and Confirmed Catholic. I believe all that the Catholic Church believes and proclaims to be revealed by God, and make a serious effort to live a good moral life worthy of imitation. As a Catholic in good standing with the Catholic Church, I participate at Mass on Sundays and Holy Days, and I receive the Sacraments of Reconciliation and Eucharist regularly. I realize I assume a great responsibility before God and the Church in becoming a sponsor.

Sponsor signature _____ Date _____

SPONSOR'S PARISH INFORMATION
(This must be completed by the Sponsor's Parish)

This certifies that the above named person is a registered parishioner in good standing.

Pastor or
Church Official's Signature _____

Name of Parish _____

Address of Parish _____



PARISH
SEAL