

# Adult Confirmation Sponsor Form



\_\_\_\_\_  
Name of Confirmation Candidate

## Sponsor Information:

\_\_\_\_\_  
Sponsor's Name and Parish

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone

*I am a Confirmed and practicing Catholic who is willing to be the Confirmation sponsor of the person listed above.*

\_\_\_\_\_  
Signature

\*\*\*\*\*  
**This section must be completed by sponsor's parish representative prior to returning to the Adult Confirmation office:**

The above-named sponsor is a registered and practicing member of:

Parish Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

According to our records, this person has received Confirmation.    Yes    No

\_\_\_\_\_  
Parish Representative Signature  
(Parish Seal)

**Please return form to:**  
Adult Confirmation  
353 E. Norwich Street Milwaukee, WI 53207