

October 24, 2019

2020 CONFIRMATION NAME FORM

Your first name is your Baptismal name.

It is preferred that you use your Baptismal name for your Confirmation name because it shows the continuity of the Sacraments of Initiation. You may however choose to have a Confirmation name that is different from your Baptismal name. This is usually only done if your first name is not a Saint's Name or a Christian name. If you decide to use a different name from your Baptismal name then the name you choose must be a Saint's name. When selecting a name, you should consider names of saints that you admire. The Saint you choose will be your Patron Saint.

You must fill in and return this form to the administrative office where you receive your religious instruction no later than Wednesday, January 15, 2020.

Please fill this form out by printing clearly and return the entire sheet of paper.

I _____, have decided to use my
Write your legal first and last name here.

Baptismal name as my Confirmation name. My Baptismal/Confirmation name is

Write only your legal first name here.

OR

After consideration, I _____, have decided **NOT**
Write your legal first and last name here.

to use my Baptismal name for my Confirmation name. The Saint's name I have chosen for my

Confirmation name is _____
Write the Saint's name that will be your Confirmation name here.

Please note: Write only the name of the Saint on the line if you are choosing to use a Saint's name for your Confirmation name. Example: For St. Francis of Assisi you only write the word Francis down.

Student Signature: _____

Parent Signature: _____

For office use only:

Date processed: _____

Processed by: _____

October 24, 2019

2020 Confirmation R.S.V.P. FORM

(Please print clearly.)

Please be advised that the _____ family, of the
Write your family last name here.

Candidate for Confirmation named: _____
Write your legal first and last name here.

Will have a total of _____ attending the Ceremonial Mass, and a total of
_____ attending the Confirmation Reception immediately following
the Mass.

(DO NOT INCLUDE THE CANDIDATE OR SPONSOR IN YOUR TOTALS.)

There will be a reception for the newly Confirmed following the Mass in the Cultural Center. Family and friends are invited to attend. The Bishop and Monsignor Brennan will be available for photos at this time.

Please complete and return the attached RSVP form to the administrative office where you receive sacrament preparation no later than Wednesday, January 15, 2020.

It is vitally necessary to have this form in on time in order to provide adequately for the Confirmation reception. Please fill out this form and return the entire sheet of paper.

For office use only:

Date processed: _____

Processed by: _____

Diocese of St. Augustine

Sponsor/Godparent Eligibility Form

Person Receiving
Sacrament

Full Name of Candidate _____ for ☐ Baptism ☐ Confirmation
Parish Name _____
Parish Mailing Address _____
City, State, Zip _____ Phone (____) _____
Date Sacrament(s) to be Administered: Baptism _____ Confirmation _____

From the Code of Canon Law: Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 & 893)

Sponsor Information

Full Name _____
Mailing Address _____
City, State, Zip _____ Phone (____) _____
Please read and check the following affirmations if they are true:
☐ I am at least 16 years of age.
☐ I have celebrated the sacraments of Baptism, Confirmation, and Eucharist.
☐ I participate in Sunday Mass regularly.
☐ (If married) My marriage was celebrated according to the norms of the Catholic Church.
☐ I am not married.
☐ I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.
☐ I participated in the baptismal (not required for confirmation) preparation program at
Parish _____ Date _____
☐ I affirm that I meet all the necessary requirements to act as a sponsor/godparent.
☐ I am a parishioner of _____ since date _____
☐ I am not the parent of the person receiving the sacrament.

Signature of Sponsor/Godparent _____ Date _____

Sponsor's Parish

Parish Name _____
Parish Mailing Address _____
City, State, Zip _____ Phone (____) _____
To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. ☐ Yes ☐ No ☐ Other (comment on reverse side)
At this parish, I serve as (circle one) Pastor, Priest, Deacon, Lay Ecclesial Minister. I am authorized to make this statement about our parishioner.
Printed Name _____
Signature _____ Date _____