



# Queen of Peace Church

10 FRANKLIN PL, NORTH ARLINGTON, NJ 07031  
(201) 997-0700 – FAX (201) 997-6214  
WWW.QPCNA.ORG

## Sacramental Sponsor Certification of Eligibility

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE/CELLPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I have been asked to be a sponsor for the Sacrament of: Baptism  Confirmation

Sponsor for: \_\_\_\_\_

Parish were Baptism/Confirmation to be held: \_\_\_\_\_ Scheduled Date: \_\_\_\_\_

I am not the parent of the person receiving the Sacrament.

I am at least sixteen (16) years of age.

I have received ALL the Sacraments of Initiation (Baptism, Eucharist, Confirmation) in the Catholic Church.

(If married) I was married in the Catholic Church or with approval of the Catholic Church.

I attend Mass regularly on Sundays and Holy Days of Obligation and have received the Sacraments of Reconciliation and Communion at least once in the past year.

I consciously strive to live the Christian life in the communion of the Church seeking to love God and my neighbor.

*By my signature, I attest to be a practicing Catholic who seeks to be admitted as a sponsor and solemnly affirm that I fulfill the requirements of the Catholic Church in the role of sacramental sponsor. I intend, with the grace of God, to continue the practice of my Catholic Faith, and I will, to the best of my ability, carry out the obligations of my role as sponsor.*

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

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

I certify that the applicant is duly registered in our parish and is, to the best of my knowledge, eligible to accept the responsibilities in the role of sponsor.

Other Information: \_\_\_\_\_

Signature of the Pastor or authorized delegate: \_\_\_\_\_ Date: \_\_\_\_\_

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

PARISH SEAL