



SAINT SHARBEL MISSION

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Email: abouna@saintsharbelchurch.org

website: www.saintsharbelchurch.org

Confirmation—Godparent's Certificate

Please print or type

Name of Confirmation Candidate: _____

Name of Godparent's Church: _____ City and State _____

I affirm that: (Please circle)

- I have received the Sacraments of Baptism, Eucharist, and Confirmation Yes / No
- I participate weekly in the Sunday Mass and give witness to my faith in Christ by receiving Him in the Eucharist at least once during the Easter season. Yes / No
- I shall give support to the person I am sponsoring by my prayers and by the Catholic Christian example of my daily life. Yes / No

Godparent's Full Name : _____ Gender: **Male / Female**

Address : (Street) _____ City _____ Zip Code _____

Mailing Address (if different) _____

Phone Number: _____ E-MAIL: _____

Age of Godparent: _____ Godparent's Relationship to Candidate: _____

To Be Completed By Godparent's Parish

I verify that _____, who has been asked to be a Godparent for a Confirmation candidate at St Sharbel Mission, NC is a practicing Catholic and a member of this parish.

Signature of Pastor: _____

Date: _____

Name of Pastor: _____

Affix Parish Seal Here X