SAINT MARY MAGDALEN
CATHOLIC CHURCH

SACRAMENTS SPONSOR ELIGIBILITY FORM

861 Maitland Avenue Altamonte Springs, FL 32701 ☎ *407-831-1212*



Candidate Name: _____

Sacrament to Receive: Baptism Confirmation Marriage Marriage Convalidation

Sponsor Full Name: _____

Phone: _____ **Email:** _____

Address: _____

Parish & City: _____
(Where you go to Mass)

**** Sponsor Must Possess All the Following Requirements to be Eligible ****

_____ **I HEREBY** (initials) **AFFIRM** that I am at least sixteen (16) years of age;

_____ **I HEREBY** (initials) **AFFIRM** that I am a Catholic and that I have received the Sacraments of Baptism, First Communion and Confirmation.

_____ **I HEREBY** (initials) **AFFIRM** that I am not the parent of the child to be baptized;

_____ **I HEREBY** (initials) **AFFIRM** that I am single OR, if married, my marriage was celebrated in the Catholic Church OR my marriage has been sacramentally convalidaded in the Catholic Church;

_____ **I HEREBY** (initials) **AFFIRM** that I practice my Catholic faith by regularly joining in the celebration of Mass and reception of the Eucharist;

_____ **I HEREBY** (initials) **AFFIRM** that I understand the responsibility I am undertaking and I have both the desire and intention to fulfill it faithfully.

I DO, therefore, solemnly affirm that I fulfill these requirements to serve as a sponsor.

Date: _____
Month Day Year

_____
Sponsor name printed

_____
Print name of Sponsor's Pastor/Administrator/Associate

_____
Sponsor Signature

Parish Seal of Sponsor's Parish

_____
Signature of Sponsor's Pastor/Administrator/Associate