



SPONSOR VERIFICATION FORM

Name _____

Address _____
Street _____ City _____ Zip _____

Phone _____

Parish of Membership _____
Name _____ City _____ Diocese _____

Pastor Name _____

The above named person, selected to be a sponsor for _____
Name _____
requests that sponsor eligibility be verified by the pastor according to the norms of Canon Law.

_____ Fully initiated Catholic (who have themselves received the Sacraments of Baptism, Confirmation and Holy Eucharist (Canon 874.3).

_____ At least 16 years of age (Canon 874.2).

_____ Not the parent of the candidate (Canon 874.5).

_____ Leads a life in harmony with the duty of a sponsor, including participating in the sacramental life of the church.

Signature of Pastor

Date

Signature of sponsor selected

Date

Please return this form to: **Holy Trinity Parish**
512 Monroe Street
East Liverpool, Ohio 43920
(330) 385-7131 phone
(330) 385-3025 fax#