

Certificate of Eligibility

Community of Disciples
St. Mark, Iowa Falls
St. Mary, Eldora

CANDIDATE'S NAME: _____
(Name of the person being Confirmed)

SPONSOR INFORMATION

I _____
(Please print first and last name, initial each statement and sign below)

Address: _____
Street

City State Zip Code

Phone Number: _____

Email Address: _____

_____ I am at least 18 years of age. I am a practicing Catholic and I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.

_____ I participate in the Mass on Sundays and Holy Days and receive the Sacraments of Eucharist and Reconciliation regularly.

_____ If married I am validly married according to the laws of the Catholic Church

_____ I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact.

_____ I realize that I assume a great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by Christian example of my daily life.

By my signature I attest to the truth of these statements

Sponsor's Signature