

**CERTIFICATE OF ELIGIBILITY**  
**St. Ann Catholic Church**

CERTIFICATE OF ELIGIBILITY IS REQUESTED FOR:      BAPTISM: \_\_\_\_\_      CONFIRMATION: \_\_\_\_\_

WITNESS/SPONSOR FOR: \_\_\_\_\_  
*(Name of person being baptized or confirmed)*

NAME AND ADDRESS OF PARISH WHERE BAPTISM OR CONFIRMATION WILL BE HELD:

\_\_\_\_\_  
SCHEDULED DATE OF CEREMONY: \_\_\_\_\_ (Month/Date/Year)

**SPONSOR INFORMATION:**

I, \_\_\_\_\_, affirm that:

*(Please Print First and Last Name of Sponsor)*

- I am at least 16 years of age;
- I am a practicing Catholic registered at a parish;
- 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 of obligation, and receive the Sacraments of Eucharist and Reconciliation regularly;
- I regularly contribute to the financial needs of the parish of St. Ann Catholic Church or my home parish of \_\_\_\_\_ *(name of sponsor's parish)*;
- If married, I am validly married according to the laws of the Catholic Church;
- If divorced, I have not remarried outside 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; and
- I will give support to the person I am sponsoring by my prayers, and by the Christian example of my daily life.

By my signature, I attest to be a practicing Catholic who seeks to be admitted as a sponsor, solemnly affirm that I fulfill the requirements of the Catholic Church for this role as presented above. 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:

\_\_\_\_\_  
*(Signature of Sponsor)*

\_\_\_\_\_  
*(Date)*

**TO BE COMPLETED BY THE SPONSOR'S PARISH:**

This is to certify that \_\_\_\_\_ *(print name of sponsor)*  
is a registered member of St. Ann Catholic Church);  
is in good standing in this parish and that he/she meets the requirements for being a sponsor;  
and is an active, practicing Catholic in the parish.

Priest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Ann Catholic Church, 3635 Park Road, Charlotte, NC 28210. 704-523-4641