

CONFIRMATION SPONSOR FORM

CANDIDATE'S LAST NAME: _____

CANDIDATE'S FIRST NAME: _____

SPONSOR'S NAME: _____

RELATIONSHIP TO CANDIDATE: _____

SPONSOR'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SPONSOR'S TELEPHONE NUMBER: () _____

PARISH OF SPONSOR: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

WILL SPONSOR BE ATTENDING CELEBRATION? _____

NAME OF PROXY: _____

OFFICE USE ONLY: Sponsor certificate received _____

(sponsor's parish or sponsor can mail certificate to be me directly:

St. Thomas More, P.O Box, 620, Durham, NH 03824, Attention: Kara Kane)

