Sponsor Certificate



THIS IS TO CERTIFY

| (Name of Confirmation Sponsor), a member | of |
|---|---------|
| , is a pra | cticing |
| Catholic and is qualified to act as a sponsor for the Sacrament of Confirmation for | |
| | at |
| St. Malachy's Catholic Church, 595 E. Ogden Ave., Geneseo, IL 61254 | |
| Rev | |
| Church: | |
| Address (including city, state, and zip code): | |
| | |
| Phone: | |
| Date: | |

Please mail or fax this form to:

St. Malachy's Catholic Church c/o Kimberly Souba 595 E. Ogden Ave. Geneseo, IL 61254

Email: Kimberly.souba@gmail.com