SACRAMENTAL SPO Immaculate Conception 522 Main Street		CATION FORM	Baptism Confirmation RCIA
Marydel, MD 21649	Phone (410) 48	2-7687	11017
Name of person to be	Baptized or Con	firmed:	
Full Name of Sponsor	-/Proxy:		
A alaba - a .			
Telephone: ()		
Parish in which Spons	sor/Proxy is regist	tered:	
Statement of Godpare	ent/Sponsor:		
in the mass on a regu Sacraments of Confirm by the Catholic Church I understand an Proxy. I promise to he Catholic Christian thro	lar basis. I have mation and Eucha h. nd accept the res elp the above nar ough prayer, supp	lic at least sixteen years of a been baptized, and I have re arist. If married, my marriage ponsibility which I am undert med candidate in her/his spir port and personal example. nelp of God's grace."	eceived the e has been blessed aking as a Sponsor/
Date		Signature of Sponsor/Prox	у
	ENDORSEMENT	 Γ OF SPONSOR'S PARISH	
(Godparent/Sponsor's name) parish diocese and me sponsor or proxy for B	eets all of the can	practicing Catholic in good so nonical requirements to serve confirmation.	
			(SEAL)
Date		Signature of Priest / Deaco	n or other