

# St. Rita Catholic Church

6254 Valley Knoll Drive, Rockford, IL 61109

## Sacramental Sponsor Testimonial

Name of Baptism Sponsor(s): \_\_\_\_\_

Parish of Baptism Sponsor: \_\_\_\_\_

Address of Sponsor Parish: \_\_\_\_\_  
Street Address City, State Zip Code

Name of Person to be baptized: \_\_\_\_\_

To the Pastor of the Parish listed above:

*The person listed above has been asked to act as Sponsor in the Sacrament of Baptism. We ask that you verify your records that he/she is eligible to act as a Baptismal Sponsor according to the Rite of the Roman Catholic Church. Please authenticate with your signature and Parish Seal that the above person will take care that the Baptismal candidate behaves as a true witness of Christ and faithfully fulfills the obligations inherent in this sacrament.*

I, \_\_\_\_\_, verify that the above person meets the conditions necessary to serve as a Sacramental Sponsor as set forth in the Code of Canon Law:

- Is a Catholic who has been Confirmed.
- Supports his/her home Parish through stewardship and volunteering.
- If married, the marriage is recognized by the Church.

\_\_\_\_\_  
*Pastor's Signature*

*(Parish Seal)*

\_\_\_\_\_  
*Date of Signature*