



**St. Gabriel the Archangel**  
**32648 N Cave Creek Rd**  
**Cave Creek, AZ 85331**  
**480-595-0883**  
**stgacc.org**

## ACTIVE PARISHIONER VERIFICATION FORM

To the Director of Religious Education:

- I am a Confirmed, practicing Catholic in good standing with the Catholic Church.
- I have received my sacraments of Initiation.
- If married, my marriage is recognized by the Catholic Church.
- I practice my faith and the celebration of my life and God's life at Mass on Sundays.
- I realize the importance of my good example in encouraging all whom I meet in their journey toward a closer relationship with God the Father, Son, and Holy Spirit, and I accept my responsibility as a Confirmation sponsor for:

---

*(Confirmation Candidate's Name - First Middle Last)*

---

*(Sponsor's Printed Name- First Middle Last)*

---

*(Sponsor's Signature)*

---

*(Phone Number)*

---

*(E-mail)*

## PASTOR VERIFICATION

I verify that the person named above is a confirmed, registered, active Parishioner of \_\_\_\_\_ and is able to serve in the capacity of Sponsor for Confirmation.

---

*(Pastor's Signature)*

---

*(date)*

*Parish Seal*