
Candidate's name



Date: _____

To: Immaculate Conception Parish
Office of Religious Education/Youth Ministry
455 Bow Street
Elkton, MD 21921

This letter is to confirm that _____
Sponsor's name

is a member in good standing at the following parish:

Parish

(Mailing address) Street or PO Box

City, State, Zip Code

Signature of Pastor or authorized representative

Please print Pastor/representative's name

Please complete the following information so that our parish can contact you. Thank you.

Sponsor information:



Phone number

(Mailing address) Street or PO Box

City, State, Zip Code