



Our Lady of Guadalupe Parish Shrine

Faith Formation Office

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2025- 2026

Application for the Reception of the Sacrament of Confirmation

~ PLEASE PRINT CLEARLY ~

DUE JANUARY 16TH, 2025

Name of person to be confirmed: _____
First Middle Last

____M ____F Saint Name Chosen: _____

Home Address: _____
House Number Street

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Place of Birth: _____
M/date/yr City State

*Date of Baptism: _____ *Name of Church of Baptism: _____
M/date/yr Name

*Address of Church of Baptism: _____
City State Zip code

Date of First Communion: _____ *Name of Church of Baptism: _____
M/date/yr Name

*Address of Church of First Communion: _____
City State

(*A copy of the baptismal certificate must be attached if you were not baptized at Our Lady of Guadalupe Parish or one of its three churches: St. Lawrence, Our Lady of Grace, or St. Luke)

Email address you would like me to communicate with you by: _____

Best phone # to reach you by: _____ or: _____

How tall are you? _____ (This is needed for your confirmation gown.)

Mother's Name: _____
First Current Last Name Maiden Name

Father's Name: _____
First Last

Sponsor Information

Sponsor Name: _____ Male _____ Female _____
First Last

Address of Sponsor: _____
House Number City Zip Code

Phone Number: _____
(Cell or Home, whichever they prefer to be contacted by if needed)

Home Parish: _____
Name City State

Parent/Legal Guardian Signature

Date

CONFIRMATION 2026