



# OUR LADY OF GUADALUPE PARISH SHRINE

## BLESSING OF CANDIDATES FOR CONFIRMATION

### AT THE BEGINNING OF THEIR PREPARATION

### *Faith Formation Office*

Office: (856) 627 - 2222 Ext. 109

55A North Warwick Rd Stratford, NJ 08084

Email: [ghernandez@guadalupeshrinenj.org](mailto:ghernandez@guadalupeshrinenj.org)

Rite de Acceptance

November 12th, 2025

Candidate's name: \_\_\_\_\_ Grade \_\_\_\_\_

Birth date: \_\_\_\_\_ Place of birth: \_\_\_\_\_

State

Town

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of baptism: \_\_\_\_\_

Parish where you were baptized: \_\_\_\_\_

Parish address: \_\_\_\_\_

City

State

Zip Code

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Certificate \_\_ Baptismal Certificate: \_\_ 1st Holy Communion Certificate: \_\_ Sponsor Certificate: \_\_

Registered at OLG? Yes, \_\_ No: \_\_

Registered at another parish? Yes, \_\_ No \_\_ Parish Name: \_\_\_\_\_

### Sponsor's Information

Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Registered at (Parish Name): \_\_\_\_\_

Parish address: \_\_\_\_\_

Please return this registration form to the Faith Formation office on November 3<sup>rd</sup>, 2025.  
Please attach a copy of the Baptism Certificate (unless you have provided one already). Thank you.