



**DIOCESE OF CAMDEN**  
*Office of Worship and Christian Initiation*

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**APPLICATION FOR YOUTH LECTOR**

All who are interested are welcome, including those who may have unique or special needs.  
Please contact us so that we may arrange for proper accommodations, and help you navigate as needed.

***Both in-person sessions are required for certification***

**Cost: \$50      Time: 6:30-8:30pm**

**Monday December 15, 2025 Our Lady of Hope Parish, Parish Office Conference Room  
701 Little Gloucester Road Blackwood, NJ 08012**

**Wednesday January 7, 2026 Our Lady of Hope Parish, Saint Agnes Church  
701 Little Gloucester Road Blackwood, NJ 08012**

Please type or print clearly, scan and email to the email address above.,  
If mailing with payment, please allow ample time for delivery to the address above.

NAME \_\_\_\_\_

PARISH OR INSTITUTION / CITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL and PHONE \_\_\_\_\_

ANY UNIQUE OR SPECIAL NEEDS \_\_\_\_\_

I AM A CONFIRMED CATHOLIC? Yes / No      Age: \_\_\_\_\_

I HAVE PREVIOUSLY SERVED AS A LECTOR? Yes / No

I HAVE ATTENDED A SCHOOL OF LITURGY SESSION IN THE PAST? Yes / No

IF SO, WHEN? \_\_\_\_\_

**PAYMENT WILL BE MADE BY:** Mailing check payable to “Diocese of Camden” / Bill my Parish

All participants must be registered in advance. All those in attendance whose registration is signed by the pastor of the requesting minister’s parish, the administrator of a comparable diocesan agency or program, or the pastoral associate / staff member / liturgy coordinator responsible for lectors and/or all liturgical ministers, will receive three-year diocesan certification. Certificates will be mailed to the parish, not the individual.

**PASTOR / ADMINISTRATOR / PASTORAL ASSOCIATE / COORDINATOR AFFIRMATION**

I, the undersigned, do hereby certify that I have personally interviewed the candidate.  
This individual is bound by no canonical impediment and is willing to serve as a lector.  
I will support them in this ministry, and in their ongoing liturgical formation.

Signature \_\_\_\_\_

Parish / Institution (if different from above) \_\_\_\_\_