St. Vincent Martyr Church
Baptism Registration Form
26 Green Village Rd, Madison, NJ 07940
Email to baptism@svmnj.org | (973)377-4000 ext. 106

FAMILY INFORMATION

Requested Date of Baptism: _____ Time: _____

Child's Full Name: _____ ☐ Male ☐ Female

Date of Birth: _____ City/State of Birth: _____

Father

First Name: _____ Last Name: _____ Religion: _____

Phone/Cell: _____ Email: _____

Mother

First Name: _____ Last Name: _____ Religion: _____

Phone/Cell: _____ Email: _____

Home Address: _____

Church Where Parents Were Married: _____ City/State: _____

PARISH AFFILIATION & ATTENDANCE

Are the parents registered at St. Vincent Martyr? ☐ Yes ☐ No

Are the parents registered at another parish? ☐ Yes ☐ No If yes, name of parish: _____

Do you financially support your parish? ☐ Yes ☐ No Do you attend church regularly? ☐ Yes ☐ No

If yes, name of church: _____

CHILD INFORMATION

Has the child been baptized previously? ☐ Yes ☐ No Is the child adopted? ☐ Yes ☐ No

Is this your first child? ☐ Yes ☐ No If no, name(s) of sibling(s): _____

GODPARENTS INFORMATION

Godfather

Full Name: _____ Religion: _____

Registered Parish: _____ Is he a practicing Catholic? ☐ Yes ☐ No

Is he confirmed? ☐ Yes ☐ No Confirmation Certificate: ☐ Yes

Is he at least 16 years old? ☐ Yes ☐ No Will he be represented by a proxy? ☐ Yes ☐ No

Godmother

Full Name: _____ Religion: _____

Registered Parish: _____ Is she a practicing Catholic? ☐ Yes ☐ No

Is she confirmed? ☐ Yes ☐ No Confirmation Certificate: ☐ Yes

Is she at least 16 years old? ☐ Yes ☐ No Will she be represented by a proxy? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Have the parents attended a Baptism class? ☑ Yes ☐ No Date of Class: _____

Celebrant: _____

Comments or connection to St. Vincent Martyr: _____

PC	Donation Letter	Priest
CC	Donation	SB
Excel	Email Parents	PS
Val	Class (SS)	Email Bulletin