DEAR NEW PARISHIONER,

Welcome to the parish family of Saint Vincent Martyr! We are so happy you have joined our community. As a Roman Catholic parish, we strive to deepen our relationship with God through every stage of life and to reflect His love throughout our community. Thank you for registering with our parish.

May God bless you abundantly as we walk this journey of faith, hand in hand.

In Owen

Father Owen B. Moran Pastor

If you need assistance or have any questions concerning the Registration Form, please contact **Jody Costello at 973-377-4000 ext.100.**

Please return the completed form as soon as possible. You can choose to send the form by mail, put it in the offertory box, or complete the form online at: svmnj.org/new-parishioner-registration

Please know that all information you share will be held in the strictest confidence.

*To register for Faith Direct visit faith.direct/NJ740

MASS TIMES

September - June

Daily Masses

Mon. - Fri. • 8:30AM* & Noon Mass

Mon. • 7PM (**Spanish**)

Sat • 8:30AM*

Weekends

Sat. • 5PM & 7PM (Spanish)

Sun. • 7:15AM, 9AM, 10:30AM, 12PM & 5PM

Reconciliation (Confession)

Available by Appointment Sat. • 4PM-4:30PM

First Friday Adoration

9AM - 5PM

*Livestreamed at <u>svmnj.org/livestream-mass</u>

WAYS TO GIVE

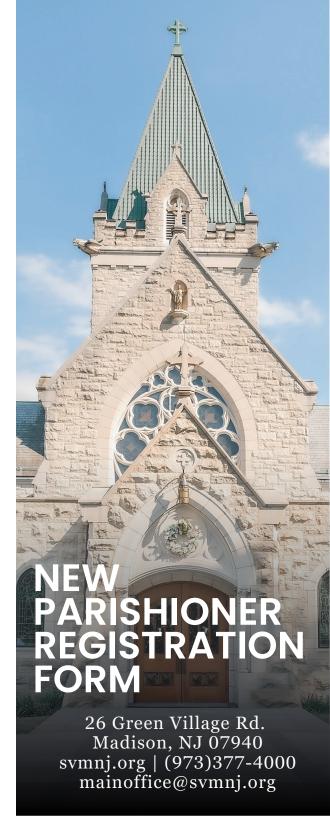
Faith Direct – Our Preferred Giving Method

Faith Direct makes it easy to support our parish from anywhere. Easily make a one-time donation, set up recurring gifts that fit your budget, or update your giving when needed. Your gifts are processed securely, and you'll save time while helping us reduce paper waste and administrative costs.





Visit <u>svmnj.org/give</u> to explore other ways to support our parish through recurring gifts, one-time donations, or contributions of stock or estate planning.



St. Vincent Martyr ParishNew Parishioner Registration Form
(*Please print clearly*)

26 Green Village Rd, Madison, NJ 07940 mainoffice@svmnj.org (973)377-4000 ext. 100

New Parishioner Registration Form

Family Last Name: Street Address: City, State, Zip Code: Mailing Address:				Date:	Giving Method: Faith Direct Envelope												
									Head(s) of Household First, Middle, Last	Marital Status	Gender M/F	DOB M/D/Yr.	Religion	Baptized Y/N	1 st Comm. Y/N	Confirmed Y/N	Role in Household (ex. Wife, Husband, Child, etc.)
									1.								
Email:			Occupation:			Phone:											
2.																	
Email:			Occupation:			Phone:											
Others below: Dependent Child	lren; Adult C	hildren - Fa	amily Home	e is their per	manent add	ress or other	Adults who liv	e in the home									
3.																	
Email:			Occupation:			Phone:											
4.																	
Email:			Occupation:			Phone:											
5.																	
Email:			Occupation:			Phone:											
6.																	
mail:			Occupation:			Phone:											
7.																	
Email:			Occupatio	n:		Phone:											