

St. Vincent Martyr Church

26 Green Village Rd, Madison, NJ 07940

Email to Susan.Paladino@svmnj.org and Fr.Owen@svmnj.org

(973)377-4000 ext. 106

View the full wedding guidelines at svmnj.org/wedding-guidelines

WEDDING REGISTRATION FORM

Preferred Celebrant: _____

Requested Date of Wedding: _____ Time: _____

Second Choice (if preferred date/time is unavailable):

Requested Date of Wedding: _____ Time: _____

Bride's Information

First Name: _____ Last Name: _____

Age: _____ First Marriage: Yes _____ No _____ Religion: _____

Phone/Cell: _____ Email: _____

Home Parish: _____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Groom's Information

First Name: _____ Last Name: _____

Age: _____ First Marriage: Yes _____ No _____ Religion: _____

Phone/Cell: _____ Email: _____

Home Parish: _____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

WEDDING TYPE

Wedding Mass – Includes the celebration of the Eucharist

Convalidation – For couples already civilly married

Wedding Liturgy – Without Mass

Unsure – Please contact us for guidance

WEDDING MASS/LITURGY RATES

	Music Fee	Church Rate	Total
Parishioner <i>Must be a tithing parishioner</i>	\$500	\$1,250	\$1,750*
Non-Parishioner	\$500	\$1,750	\$2,150*

This offering supports the work of the parish and does not go to the priest. It is customary and recommended that the couple make an offering to the priest. **Fees are due at least 30 days from date of wedding.*

NOTES

PC	Baptism Certificate	PS
CC	Excel	Folder
Pre-Cana		

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Administrador Susan.Paladino@svmnj.org
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PRE-CANA REGISTRATION

Enter your desired Pre-Canva session date. (**View upcoming dates at svmnj.org/matrimony**):

Church where wedding will take place: _____

Bride's Information

First Name: _____ Last Name: _____

Phone/Cell: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Groom's Information

First Name: _____ Last Name: _____

Phone/Cell: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please complete the following information for both the Bride and Groom.

	BRIDE	GROOM
Age		
Is this your first marriage?		
Number of Children		
Ages of Children		
Religious Affiliation		
Name of Parish		
Occupation		
Special Interest		

Office Use Only:

Date of Wedding: _____

Notes: