St. Vincent Martyr Church
Baptism Registration Form
26 Green Village Rd, Madison, NJ 07940
Email to baptism@svmnj.org | (973) 377-4000 ext. 100

FAMILY INFORMATION

Requested Date of Baptism: _____

Child

Child's Full Name: _____ ☐ Male ☐ Female

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

Has the child been baptized previously? ☐ Yes ☐ No

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

Father

Father's Name: _____ Religion: _____

Phone/Cell: _____ Email: _____

Mother

Mother's Name: _____ Maiden Name: _____

Religion: _____

Phone/Cell: _____ Email: _____

Home Address: _____

Marriage Type: ☐ Civil ☐ Church Name of Church (if applicable): _____

City/State of Marriage: _____ Date of Marriage: _____

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

PARISH AFFILIATION

Are you registered at St. Vincent Martyr or another parish? ☐ St. Vincent Martyr ☐ Other Parish ☐ None
If other, name of parish: _____ Do you financially support your parish? ☐ Yes ☐ No
Do you attend church regularly? ☐ Yes ☐ No If yes, name of church: _____

If you would like to register as a parishioner at St. Vincent Martyr
please visit **www.svmnj.org/new-parishioner-registration**

GODPARENTS INFORMATION

Godfather

Full Name: _____ Religion: _____
Registered Parish: _____ Is he a practicing Catholic? ☐ Yes ☐ No
Is he confirmed? ☐ Yes ☐ No At least 16 years old? ☐ Yes ☐ No Confirmation Certificate: ☐ Yes

Godmother

Full Name: _____ Religion: _____
Registered Parish: _____ Is she a practicing Catholic? ☐ Yes ☐ No
Is she confirmed? ☐ Yes ☐ No At least 16 years old? ☐ Yes ☐ No Confirmation Certificate: ☐ Yes

PC	Donation Letter	
CC	Donation	SB
Val	Class (SS)	PS