



Divine Mercy Parish
 23 W. Chestnut Ave
 Vineland, NJ 08360
 (856)691-9181 (856)794-9029 Fax

Date Paid	_____
Amount Pd.	_____
Cash	_____
Ck.	_____ M.O. _____

BAPTISM REGISTRATION FORM BAPTIZED BY: _____

(Please Print Clearly)

TODAY'S DATE: _____ DATE OF BAPTISM: _____

NAME OF CHILD: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ CELL PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NAME OF FATHER: _____ CATHOLIC: _____

ADDRESS: _____

MARRIED: Y / N CHURCH: _____ CIVIL: _____ OTHER RELIGION: _____

NAME OF CHURCH YOU ATTEND: _____ CITY & STATE: _____

NAME OF MOTHER: _____ CATHOLIC: _____

MOTHER'S MAIDEN NAME: _____

ADDRESS: _____

MARRIED: Y / N CHURCH: _____ CIVIL: _____ OTHER RELIGION: _____

NAME OF CHURCH YOU ATTEND: _____ CITY & STATE: _____

NAME OF GODFATHER: _____ CATHOLIC: _____

ADDRESS: _____

MARRIED: Y / N CHURCH: _____ CIVIL: _____ OTHER RELIGION: _____

NAME OF CHURCH YOU ATTEND: _____ CITY & STATE: _____

NAME OF GODMOTHER: _____ CATHOLIC: _____

ADDRESS: _____

MARRIED: Y / N CHURCH: _____ CIVIL: _____ OTHER RELIGION: _____

NAME OF CHURCH YOU ATTEND: _____ CITY & STATE: _____

DATE OF CLASS ATTENDED: _____			
INTERVIEWED BY: PRIEST _____		DEACON _____	
FATHER _____	MOTHER _____	GODFATHER _____	GODMOTHER _____