



**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: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_ CATHOLIC: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MARRIED: Y / N CHURCH: \_\_\_\_\_ CIVIL: \_\_\_\_\_ OTHER RELIGION: \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

NAME OF GODFATHER: \_\_\_\_\_ CATHOLIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MARRIED: Y / N CHURCH: \_\_\_\_\_ CIVIL: \_\_\_\_\_ OTHER RELIGION: \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

NAME OF GODMOTHER: \_\_\_\_\_ CATHOLIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MARRIED: Y / N CHURCH: \_\_\_\_\_ CIVIL: \_\_\_\_\_ OTHER RELIGION: \_\_\_\_\_

(NAME OF CHURCH) \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

<b>DATE OF CLASS ATTENDED:</b> _____			
<b>INTERVIEWED BY:</b> PRIEST _____		DEACON _____	
FATHER _____	MOTHER _____	GODFATHER _____	GODMOTHER _____