

PRE-MARITAL PRELIMINARY QUESTIONNAIRE

GROOM

BRIDE

_____ NAME _____

_____ CURRENT ADDRESS _____

_____ CITY, STATE & ZIP _____

_____ CELL PHONE NUMBER _____

_____ EMAIL ADDRESS _____

_____ RELIGION _____

_____ CURRENT PARISH _____

_____ OCCUPATION _____

_____ AGE _____

_____ NONE OR _____ NUMBER OF PRIOR MARRIAGES _____ NONE OR _____

_____ YES _____ NO.....CIVIL MARRIAGE.....NO _____ YES _____

_____ NUMBER OF CHILDREN _____

*THE **DATE AND TIME** OF MARRIAGE WILL BE CONFIRMED **AFTER** INITIAL MEETING WITH PASTORAL MINISTER. PLEASE EMAIL FATHER MICHAEL AT PASTOR@STMARYSR.ORG TO MAKE AN APPOINTMENT AFTER COMPLETING AND RETURNING THIS FORM.*

PROPOSED DATE FOR THE MARRIAGE: _____ TIME: _____

NAME OF PASTORAL MINISTER PREPARING COUPLE: _____