



*Saints Cyril & Methodius Roman Catholic Church*  
 218 Ackerman Avenue  
 Clifton, New Jersey 07011  
 973-546-4390 | Fax: 973-546-1252



**Sacrament of Holy Matrimony**

*Bride*

Name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*Sacraments Received (Please Circle):* Baptism Yes | No First Communion Yes | No Confirmation Yes | No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ / (Cell) \_\_\_\_\_

*Bride's Parents*

Father: \_\_\_\_\_ / Mother: \_\_\_\_\_

*Groom*

Name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*Sacraments Received (Please Circle):* Baptism Yes | No First Communion Yes | No Confirmation Yes | No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ / (Cell) \_\_\_\_\_

*Groom's Parents*

Father: \_\_\_\_\_ / Mother: \_\_\_\_\_



Wedding Date: \_\_\_\_\_ / Time: \_\_\_\_\_

Couple Desires: Marriage Ceremony with Mass \_\_\_\_\_ / Marriage Ceremony Only \_\_\_\_\_

Clergy (Priest / Deacon): \_\_\_\_\_

Language: English / Slovak / Spanish / Bilingual / Other: \_\_\_\_\_

Donation Given: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Cash \_\_\_\_\_ | Check # \_\_\_\_\_

\*Recorded in Marriage Book Page # \_\_\_\_\_