

GROOM	BRIDE
Name _____	Name _____
Birthdate _____ Religion _____	Birthdate _____ Religion _____
Phone(hm.) _____ e-mail _____	Phone(hm.) _____ e-mail _____
Phone(wrk) _____	Phone(wrk) _____
Baptismal Record _____ Affidavits of Free Status _____	Baptismal Record _____ Affidavits of Free Status _____

Cleric Performing ceremony: _____

Name of person(s) providing marriage preparation: _____

WITNESS: _____

WITNESS: _____

WITNESS: _____

Type of Wedding: Catholic <input type="checkbox"/> Mixed <input type="checkbox"/> Validation <input type="checkbox"/> Date of civil marriage if validation _____	PERMISSIONS/DISPENSATIONS Submitted Obtained (a) Mixed Religion _____ (b) Disparity of Worship _____ (c) Canonical Form _____ (d) Other _____ Banns Yes <input type="checkbox"/> No <input type="checkbox"/> Mass _____ No Mass _____
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PRIMARY MARRIAGE PREPARATION

	Yes	No	Date	
Engaged Encounter	_____	_____	_____	Place of Wedding _____
Pre Cana	_____	_____	_____	Date of Wedding _____ Time _____
Natural Family Planning	_____	_____	_____	Date of Rehearsal _____ Time _____
Other	_____	_____	_____	Entered in parish record? _____
Sponsor Couple	_____	_____	_____	Notice sent to parishes of Baptism? _____
Sponsor's Names	_____	_____	_____	Civil license returned? _____
Date Completed	_____	By Whom	_____	

POST MARRIAGE MAILING ADDRESS: Street _____ Apt.# _____

City/State/Zip _____

Phone() _____ e-mail _____