

ST. MONICA PARISH PARROQUIA DE SANTA MÓNICA

1129 WEST WOOD STREET, WILLOWS, CA 95988
(530) 934-3314

REGISTRATION FORM



SACRAMENT OF MATRIMONY SACRAMENTO DEL MATRIMONIO

Dear Engaged Couple,
Querida Pareja Comprometida,

Congratulations on your Marriage Engagement!
¡Felicidades por tu Compromiso Matrimonial!

We are delighted to assist you on your Marriage Preparation here at St. Monica Parish.
Estamos encantados de ayudarles a su Preparación Matrimonial aquí en la Parroquia de Santa Mónica.

We hope that you find this preparation a time of discovery, growth, hope and faith.
Esperamos que encuentren en esta preparación un momento de descubrimiento, crecimiento, esperanza y fe.

Start your preparations by reviewing all the requirements provided on this registration packet.
Comience sus preparativos revisando todos los requisitos proporcionados en este paquete de inscripción.

Should you have any question/s and/or clarification/s about this process, do not hesitate to contact us using the Parish Office Contact Information provided on this form.
Si tiene alguna pregunta o aclaración sobre este proceso, comuníquense con nosotros utilizando la información de contacto de la oficina parroquial proporcionada en este formulario.

We wish you a cherished engagement and faith-filled marriage rooted in love, health, and happiness in Christ.
Le deseamos un compromiso valioso y un matrimonio lleno de fe arraigado en el amor, la salud y la felicidad en Cristo.

**Yours in Christ,
Tuyo en Cristo,
Fr. Michael Estaris**





MATRIMONY

SACRAMENTO DEL MATRIMONIO

REGISTRATION FORM

ST. MONICA PARISH

REQUIREMENTS 1-2

REQUISITOS

- **MARRIAGE REGISTRATION (REGISTRO DE MATRIMONIO)**
Contact the Parish Office at least **SIX (6) MONTHS** before the desired date.
Comuníquese con la Oficina Parroquial al menos SEIS (3) MESES antes de la fecha deseada.
- **SACRAMENTS OF INITIATION (SACRAMENTO DE INICIACIÓN)**
 1. **BAPTISMAL CERTIFICATE (BAUTISMO)**
Issued within the last six (6) months and include any notations (regarding other Sacraments received). Also required of a non-Catholic Christian.
Emitido dentro de los últimos seis (6) meses e incluir cualquier anotación (con respecto a otros sacramentos recibidos). También se requiere de un cristiano no católico.
 2. **FIRST COMMUNION CERTIFICATE (PRIMERA COMUNIÓN)**
 3. **CONFIRMATION CERTIFICATE (CONFIRMACIÓN)**
If it can be celebrated without serious inconveniences, Catholics who have not yet received the Sacrament of Confirmation are to receive it before being admitted to marriage. **IMPORTANT NOTE: Confirmation is a requirement in the Diocese of Sacramento.**
Si puede celebrarse sin serios inconvenientes, los católicos que aún no hayan recibido el Sacramento de la Confirmación deben recibirlo antes de ser admitidos al matrimonio. NOTA IMPORTANTE: Confirmación es un requisito en la Diócesis de Sacramento.
- **MARRIAGE FORMS (FORMULARIOS DE MATRIMONIO)**
 1. **FORM A (FORMA A)**
A Pre-Nuptial Inquiry is to be completed by each of the engaged. This inquiry includes questions regarding one's freedom to marry and views on Christian marriage.
Cada uno de los prometidos debe completar una investigación prenupcial. Esta investigación incluye preguntas sobre la libertad de uno para contraer matrimonio y sus opiniones sobre el Matrimonio.
 2. **FORM B (FORMA B)**
A Letter of Freedom (Pre-Nuptial Witness Testimony) is to be completed by two (2) witnesses on behalf of each engaged person. A total of four (4) witnesses.
Una Carta de Libertad (Testimonio Pre-Matrimonial del Testigo) debe ser completada por dos (2) testigos en nombre de cada persona comprometida. Un total de cuatro (4) testigos.
- **MARRIAGE LICENSE (LICENCIA DE MATRIMONIO)**
State of California Marriage License. No license, No wedding.
Licencia de matrimonio del estado de California. Sin licencia, sin boda.



MATRIMONY

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REQUIREMENTS 2-2

REQUISITOS

- **MARRIAGE PREPARATION** (PREPARACIÓN MATRIMONIAL)
 - 1. MARRIAGE PREPARATION CLASS** (CLASE PREMATRIMONIAL)
Choose only one (1) of the following. *Elija solo uno (1) de los siguientes.*
 - Parish-based Marriage Preparation
 - Engaged Encounter
 - CatholicMarriagePrep.com
 - 2. PREMARITAL ASSESSMENT/INVENTORY** (EVALUACIÓN PREMATRIMONIAL O INVENTARIO)
Choose only one (1) of the following. *Elija solo uno (1) de los siguientes.*
 - FOCCUS
 - Prepare/Enrich
 - PMI
 - Fully Engaged
 - 3. NATURAL FAMILY PLANNING** (PLANIFICACIÓN FAMILIAR NATURAL)
- **IF APPLICABLE** (SI ES APLICABLE)
 - **PERMISSION FOR A MIXED MARRIAGE** (*Catholic + Baptized Non-Catholic Christian*)
 - **DISPENSATION FOR DISPARITY OF CULT** (*Catholic + Non-Baptized Person*)
 - **CIVIL MARRIAGE LICENSE** (*if already married civilly*) [Original Certified Copy]
 - **FINAL DECREE OF ANNULMENT**
- **DONATION** (DONACIÓN)
 - \$500.00 (Parishioner) / \$700.00 (Non-Parishioner)
 - FOR CHECKS, PAYABLE TO: **ST. MONICA PARISH**
 - \$150.00 – To Save the Date (Non-Refundable Donation)
Para Guardar la Fecha (Donación no reembolsable)

Let us know if you have been having any financial difficulties and are unable to procure the provided amount of donation. We are here to help!

Háganos saber si ha tenido dificultades financieras y no puede obtener la cantidad provista de donación. ¡Estamos aquí para ayudar!



IMPORTANT REMINDER

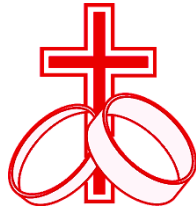
All Required Documents are to be submitted altogether.
All Documents should be Original and Certified Copy.
The Parish Office will not receive incomplete paperwork.
*Todos los Documentos Requeridos deben ser entregados por completo.
Todos los documentos deben ser originales y copia certificada.
La Oficina Parroquial no recibirá papeles incompletos.*



MATRIMONY

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FOR PARISH OFFICE USE ONLY

MARRIAGE No. _____ – M _____

DATE RECEIVED _____ / _____ / _____

THE ENGAGED COUPLE

LA PAREJA COMPROMETIDA

	GROOM	BRIDE
LAST NAME	_____	_____
FIRST NAME	_____	_____
AGE	_____	_____
ADDRESS	STREET _____	STREET _____
	CITY _____	CITY _____
	STATE _____ ZIPCODE _____	STATE _____ ZIPCODE _____
HOME PHONE	_____	_____
CELL PHONE	_____	_____
EMAIL	_____	_____
RELIGION	_____	_____
1 ST MARRIAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DATE OF MARRIAGE

FECHA DEL MATRIMONIO

Proposed Date No.1: _____ / _____ / _____
 Proposed Date No.2: _____ / _____ / _____

Time: 10:00AM 12:00PM
 Time: 10:00AM 12:00PM

MINISTER (MINISTRO):

PASTOR/PAROCHIAL ADMINISTRATOR DEACON GUEST PRIEST/DEACON

LANGUAGE (IDIOMA):

ENGLISH (INGLÉS) SPANISH (ESPAÑOL)

THE GROOM (EL NOVIO)

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Religion: _____

Baptism: YES NO

Baptism Date: _____

Church: _____

First Communion: YES NO

First Communion Date: _____

Church: _____

Confirmation: YES NO

Confirmation Date: _____

Church: _____

Previous Marriage: YES NO

If YES, CONTINUE BELOW:

Date of Marriage: _____

Place of Marriage: _____

Name of Former Spouse: _____

Decree of Divorce Date: _____ City/State: _____

IF CATHOLIC

Decree of Annulment Date: _____ Place: _____

THE BRIDE (LA NOVIA)

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Religion: _____

Baptism: YES NO

Baptism Date: _____

Church: _____

First Communion: YES NO

First Communion Date: _____

Church: _____

Confirmation: YES NO

Confirmation Date: _____

Church: _____

Previous Marriage: YES NO

If YES, CONTINUE BELOW:

Date of Marriage: _____

Place of Marriage: _____

Name of Former Spouse: _____

Decree of Divorce Date: _____ City/State: _____

IF CATHOLIC

Decree of Annulment Date: _____ Place: _____