

Please complete the information on this form and bring it to your first marriage preparation appointment

MARRIAGE PREPARATION FORM

GROOM _____ AGE _____ BRIDE _____ AGE _____

Pronounced

Pronounced

ADDRESS _____ ADDRESS _____

PHONE (Home) _____ PHONE (Home) _____

PHONE (Work) _____ PHONE (Work) _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

OCCUPATION _____ OCCUPATION _____

SOCIAL SECURITY NUMBER _____ SOCIAL SECURITY NUMBER _____
(optional) (optional)

RELIGION _____ RELIGION _____

PARISH _____ PARISH _____

REQUESTED WEDDING DATE _____ REQUESTED TIME _____

PLACE _____

NAME OF PRIEST/DEACON TO OFFICIATE AT MARRIAGE _____

RESIDENCE AFTER MARRIAGE _____

BELOW INFORMATION TO BE COMPLETED AT THE PARISH OFFICE:

REHEARSAL DATE AND TIME _____

BEST MAN _____

MAID OF HONOR _____

DISPENSATION(S) REQUIRED _____ YES _____ NO

PERSON RESPONSIBLE FOR FORMATION PROCESS _____