

# Our Lady of the Lakes Parish

## Transfiguration Campus

94 McKrell Road  
Russellton, PA 15076  
Phone: 724-265-1030 Fax: 724-265-1032  
Website: [www.ollakes.org](http://www.ollakes.org)

## St. Victor Campus

529 Bairdford Road, P.O. Box 149  
Bairdford, PA 15006  
Phone: 724-265-2070 Fax: 724-265-6316  
Website: [www.ollakes.org](http://www.ollakes.org)

## MARRIAGE INTAKE FORM

Today's Date: \_\_\_\_\_

**Wedding:** \_\_\_ **Transfiguration** \_\_\_ **St. Victor** **Wedding Elsewhere** (*Name of Church*) \_\_\_\_\_  
**Campus** **Campus**

Preferred Priest or Deacon: \_\_\_\_\_ Name and Address of Church: \_\_\_\_\_  
\_\_\_\_\_

Preferred Wedding Date: \_\_\_\_\_ Are you bringing your own priest? Yes/No  
Requested time: \_\_\_\_\_

**Is this your first Marriage?** Yes /No  
**If no, was your previous marriage:**  Civil  Church  Annulled by Church \_\_\_\_\_  
*(Date Annulment Granted)*

**Groom's Name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Are you a Catholic Yes/No If not, what faith: \_\_\_\_\_ Are you Baptized? Yes/No  
Registered at Transfiguration Parish? Yes/No If not, where: \_\_\_\_\_  
Registered at St. Victor Parish? Yes/No If not, where: \_\_\_\_\_  
Do you attend Mass at Transfiguration Parish? Yes/No If not, where: \_\_\_\_\_  
Do you attend Mass at St. Victor Parish? Yes/No If not, where: \_\_\_\_\_

**Bride's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Are you a Catholic Yes/No If not, what faith: \_\_\_\_\_  
Registered at Transfiguration Parish? Yes/No If not, where: \_\_\_\_\_  
Registered at St. Victor Parish? Yes/No If not, where: \_\_\_\_\_  
Do you attend Mass at Transfiguration Parish? Yes/No If not, where: \_\_\_\_\_  
Do you attend Mass at St. Victor Parish? Yes/No If not, where: \_\_\_\_\_

**Future Address** \_\_\_\_\_  
**of Couple:** \_\_\_\_\_

Thank you! Our marriage ceremony coordinator will contact you with the date of your visit for your marriage preparation. Email completed form to: [mmehal@ollakes.org](mailto:mmehal@ollakes.org)