

Wedding Questionnaire
St Joseph's Parish
Kellnersville

Wedding Date: _____ Time: _____

Mixed Marriage? ___ Yes ___ No

Brides Name: _____

Address of Bride: _____

Grooms Name: _____

Address of Groom: _____

Phone #: Bride _____ Groom: _____

Religion: Bride: _____ Confirmed Y or N (if Catholic)

Religion: Groom: _____ Confirmed Y or N (if Catholic)

Name of church you are a current member of:

Bride: _____

Groom: _____

Groom - Previous Marriage to whom: _____

Church or Civil Marriage _____

Where: _____

If not a Catholic Wedding, had your marriage been blessed by a priest? _____

Bride - Previous Marriage to whom: _____

Church or Civil Marriage _____

Where: _____

If not a Catholic Wedding, had your marriage been blessed by a priest? _____

Office Use: _____