



REGISTRATION FOR WEDDINGS

(Please submit to parish office at least 3-6 weeks prior to requested date of Wedding)

Today's date _____

PLEASE PRINT CLEARLY

BRIDE'S INFORMATION

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ City of Birth _____

Address _____ City _____ State _____ Zip _____

Catholic Date of Baptism _____

Church of Baptism _____

Church Address _____

Non-Catholic Religion _____

Father's Name _____

Mother's Name (indicate Maiden Name) _____

GROOM'S INFORMATION

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ City of Birth _____

Address _____ City _____ State _____ Zip _____

Catholic Date of Baptism _____

Church of Baptism _____

Church Address _____

Non-Catholic Religion _____

Father's Name _____

Mother's Name (indicate Maiden Name) _____

REQUESTED DATE OF WEDDING: _____

(Witnesses) Best Man _____ Maid of Honor _____

Were you married by the state? Yes ~ State of _____ No

Are you registered in this Parish? Yes No

Do you wish Sunday Envelopes? Yes No

Bride's Daytime Telephone () _____ Evening Telephone () _____

Groom's Daytime Telephone () _____ Evening Telephone () _____

FOR OFFICE USE:	
Wedding Date :	_____
By the Rev.	_____
Date Registration Received :	_____ Donation Received _____
Recorded Book Volume No:	_____ Page # _____
Date Certificate Issued:	_____ Mailed _____ Picked up _____
Mailed County Registration / Date:	_____