



**Marriage Information Form**

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Today’s Date: \_\_\_\_\_

Date of Proposed Wedding: \_\_\_\_\_

Celebrant: \_\_\_\_\_

Church: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a Parishioner of this Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

If No in which parishes do you reside: \_\_\_\_\_

Parish Address: \_\_\_\_\_

Bride: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Groom: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best Man: \_\_\_\_\_

Maid of Honor: \_\_\_\_\_

Comments: \_\_\_\_\_

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