



MARRIAGE FORM

Date: _____

GROOM

BRIDE

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Parish: _____

Parish: _____

Father's Name: _____

Father's Name: _____

Mother's First & Maiden Name: _____

Mother's First & Maiden Name: _____

Date of Birth: _____

Date of Birth: _____

Date of Baptism: _____

Date of Baptism: _____

Parish of Baptism: _____

Parish of Baptism: _____

Address of Parish of Baptism: _____

Address of Parish of Baptism: _____

Marriage Instructions: _____ Disp. _____

Proposed Date of Marriage: _____ Time _____ Place of Marriage _____

Witnesses: _____

Music: _____

Altar Servers: _____ Wedding Practice & Time _____

Reception _____ Priest _____

Record Sent to Parish of Baptism _____

Remarks _____

