

WEDDING RESERVATION FORM

Date of Initial Contact _____ Proposed Date of Marriage _____

Church _____

Time of Ceremony _____ 11:00 AM _____ 1:30 PM

Full Name of Groom _____

Address: _____

City/St/Zip: _____ Primary Contact # _____

E-mail: _____ Date of Birth: _____

Religion: _____ Current Parish: _____

Location of Baptism _____

of 1st Communion _____

of Confirmaton _____

Church attendance :
Frequently Seldom
Occasionally Never

Have you ever been married? Yes No How many

Current Marital Status:
Single Divorced
Separated Widowed

Church Annulment: date _____

Education: (level completed) _____

Occupation: _____ Place of business: _____

Work telephone: _____ Ext: _____

Name of Groom's Father: _____

His Religion: _____ Parish: _____

Maiden name of Groom's Mother: _____

Her Religion: _____ Parish: _____