

Marriage Information

St James Catholic Parish

Wedding Date: _____

Today's date: _____

Groom Information

Name: _____ Date of Birth: _____

Phone(s): _____
Cell _____ Work _____

Address: _____

Street

City

State

Zip

E-Mail: _____ Occupation: _____

Religion: _____ Home Parish: _____

Baptized: ☐ Yes ☐ No Communion: ☐ Yes ☐ No Confirmation: ☐ Yes ☐ No

Were any Sacraments received at St. James Church? If yes, please indicate which ones:

Previous Marriage: ☐ Yes ☐ No (please check below)

☐ Single ☐ Divorced-needs annulment ☐ Divorced & annulled ☐ Widowed ☐ Civil marriage

Do you have children? ☐ NO ☐ YES If so, how many? _____

Bride Information

Name: _____ Date of Birth: _____

Phone(s): _____
Cell _____ Work _____

Address: _____

Street

City

State

Zip

E-Mail: _____ Occupation: _____

Religion: _____ Home Parish: _____

Baptized: ☐ Yes ☐ No Communion: ☐ Yes ☐ No Confirmation: ☐ Yes ☐ No

Were any Sacraments received at St. James Church? If yes, please indicate which ones:

Previous Marriage: ☐ Yes ☐ No (please check below)

☐ Single ☐ Divorced-needs annulment ☐ Divorced & annulled ☐ Widowed ☐ Civil marriage

Do you have children? ☐ NO ☐ YES If so, how many? _____

Pastor/Deacon to complete this section:

How long has couple been dating: _____ Living together: _____

Proposed Date of Marriage: _____ Time: _____

Type of ceremony: ☐ Mass ☐ Ceremony ☐ Validation Concelebrated? ☐ NO ☐ YES

If so, name of concelebrant: _____ Phone: _____

Date of Rehearsal: _____ Time: _____

Person doing inventory: _____ Date: _____

NOTES _____
