



ST. AUGUSTIN'S ROMAN CATHOLIC CHURCH, NEWPORT RI
CATHOLIC WEDDING INQUIRY INFORMATION



Wedding Date: _____ Day of the week: _____ Hour: _____
Month (spelled out) Day, Year Day (spelled out)

Specify who is the St. Augustin's Parishioner: Bride: _____ and/or Groom: _____; Other: _____
 or No affiliation: _____

BRIDE: Name: _____
 Address: _____

 Telephone: _____ Email _____

If Catholic: Name and address of the Church where you are a parishioner.

Diocese of: _____

GROOM: Name: _____
 Address: _____

 Telephone: _____ Email _____

If Catholic: Name and address of the Church where you are a parishioner.

Diocese of: _____

MARRIAGE STATEMENT: I hereby attest that I have never been previously married.

 Bride's signature Groom's signature

- OR -

I was previously married on (date): _____
 To whom: _____
 By (person's name and title): _____
 At (place): _____
 Divorce was granted on (date): _____ Annulment was granted on (date): _____
 Signature: _____

Information of your local priest / deacon **completing the paperwork for your wedding file:**

Name: _____

Address: _____

Telephone: _____ Email _____

Information of the priest/deacon **celebrating the wedding ceremony** (if other than Rev. Kris von Maluski):

Name: _____

Address: _____

Telephone: _____ Email _____

If you are using a wedding planner, please provide their name and telephone # below.

Return via postal mail or email within 30 days of receiving this form to solidify your reservation.

VERBAL ARRANGEMENTS ARE NOT BINDING.

**Return to: Lisa Sullivan, St. Augustin's Wedding Coordinator,
P.O. Box 357, Newport, RI 02840**

or to: stmaryls@aol.com