

**ST. MARY'S HISTORIC ROMAN CATHOLIC CHURCH, NEWPORT RI  
CATHOLIC WEDDING INQUIRY FORM**

**PLEASE FILL THIS OUT AFTER READING THROUGH ST. MARY'S WEDDING HANDBOOK.**

**DATE OF INQUIRY :** \_\_\_\_\_ **DATE RECEIVED:** \_\_\_\_\_

Desired Wedding Date: \_\_\_\_\_ Day of the week: \_\_\_\_\_ Desired Hour: \_\_\_\_\_  
Month (spelled out) Day Year

Specify who is a registered member of St. Mary's. Bride: \_\_\_\_\_ Groom: \_\_\_\_\_ Immediate Relative: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Relation: \_\_\_\_\_

How long have you (or they) been a registered member of St. Mary's? \_\_\_\_\_

**BRIDE:** Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip

Cell Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If Catholic, Name and Address of the Church where you are a parishioner:

Name: \_\_\_\_\_ Diocese: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip

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**GROOM:** Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip

Cell Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If Catholic, Name and Address of the Church where you are a parishioner:

Name: \_\_\_\_\_ Diocese: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip

**MARRIAGE STATEMENT: I hereby attest that I have never been DIVORCED:**

Bride's Signature: \_\_\_\_\_ Groom's Signature: \_\_\_\_\_

**OR**

I was previously married on (date): \_\_\_\_\_ To whom: \_\_\_\_\_

By (name and title): \_\_\_\_\_ At (place): \_\_\_\_\_

Divorce was granted on: \_\_\_\_\_ Annulment was grant on: \_\_\_\_\_

Signature: \_\_\_\_\_

**INFORMATION OF YOUR LOCAL PRIEST / DEACON COMPLETING THE PAPERWORK**

Name: \_\_\_\_\_ Diocese: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip

Phone #: \_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**INFORMATION OF PRIEST/DEACON CELEBRATING THE WEDDING CEREMONY  
(IF OTHER THAN THE PASTOR OF ST. MARY'S IN NEWPORT, RI)**

Name: \_\_\_\_\_ Diocese: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
# Street City/Town State Zip

Phone #: \_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**If you are using a wedding planner, please provide their name and phone number below:**

Name: \_\_\_\_\_ Phone #: \_\_ (\_\_\_\_) \_\_\_\_\_

**Return this form via snail mail or email to begin the reservation process.  
Please allow for two to three weeks for final approval from the Pastor.**

**Address:**

**St. Mary's Office  
c/o Kyle Medeiros, Wedding Coordinator  
P.O. Box 547, Newport RI 02840**

**Or**

**stmarykyle@gmail.com**