ST. CECILIA CATHOLIC CHURCH
MARRIAGE INFORMATION

Bride: _____ Groom:_____
        First, Middle and Last Name   First, Middle and Last Name

Age: ____ Date of Birth:_____ Age: ____ Date of Birth:_____

Religion: _____ Religion: _____

Address: _____ Address: _____

_____ _____

E-Mail Address: _____ E-Mail Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Mother's Name: _____ Mother's Name: _____

Father's Name: _____ Father's Name: _____

Parish Info:_____ Parish Info:_____

Date of Initial Contact: _____

Address of Residence Following Wedding (FOR THE COUPLE)
Street: _____
City, State, Zip: _____
Registered Parishioners at:_____

NOTE: The wedding and church can only be scheduled after the priest and couple have consulted and the use of church fee paid. The wedding couple must contact the priest six months prior to the wedding to begin preparation.

Date of Wedding: _____   **$1200 Use of Church Fee**
$600 Deposit due at the time of returning this form.
Note: A refund will be given only if ceremony is cancelled 6 months prior to wedding day.

Time of Wedding: _____

Rehearsal Date and Time: _____

Priest/Deacon Witnessing Marriage: _____

Parish: _____

Address: _____

Phone #: _____
REMINDERS TO THE PRIEST:
1. Enter names and times on the parish calendar and put this form in parish file.