

**ST. PAUL THE APOSTLE PARISH  
MARRIAGE PREP PROGRAM  
REGISTRATION FORM – MARCH 2-3, 2018**

**GROOM**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Religion \_\_\_\_\_  
Home Parish \_\_\_\_\_  
Baptized \_\_\_ Yes \_\_\_ No    Where: \_\_\_\_\_ Approx. Date: \_\_\_\_\_  
Confirmed \_\_\_ Yes \_\_\_ No    Where: \_\_\_\_\_ Approx. Date: \_\_\_\_\_  
1<sup>st</sup> Marriage? \_\_\_\_\_ Yes \_\_\_ No (If no, remember to discuss with priest or deacon)  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

**BRIDE**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Religion \_\_\_\_\_  
Home Parish \_\_\_\_\_  
Baptized \_\_\_ Yes \_\_\_ No    Where: \_\_\_\_\_ Approx. Date: \_\_\_\_\_  
Confirmed \_\_\_ Yes \_\_\_ No    Where: \_\_\_\_\_ Approx. Date: \_\_\_\_\_  
1<sup>st</sup> Marriage? \_\_\_\_\_ Yes \_\_\_ No (If no, remember to discuss with priest or deacon)  
Phone \_\_\_\_\_ Email: \_\_\_\_\_

**WEDDING CEREMONY**

Church \_\_\_\_\_  
City/Town \_\_\_\_\_  
Priest or Deacon presiding at wedding \_\_\_\_\_  
Date/Time \_\_\_\_\_  
Rehearsal Date/Time \_\_\_\_\_

Please list any food allergies: \_\_\_\_\_  
\_\_\_\_\_

Registration Fee:     \$75 per couple  
 Check enclosed (made payable to: St. Paul the Apostle Parish)  
 Paid online through [www.stpaulbangor.me](http://www.stpaulbangor.me) (“Online Giving/Events”)