

**ST. PAUL THE APOSTLE PARISH
MARRIAGE PREP PROGRAM
REGISTRATION FORM--MAY 12-13, 2017**

GROOM

Name _____

Address _____

Religion _____

Baptized ___ Yes ___ No Where: _____ Approx. Date: _____

Confirmed ___ Yes ___ No Where: _____ Approx. Date: _____

1st Marriage ___ Yes ___ No (If no, remember to discuss with priest or deacon.)

Phone _____ Email _____

BRIDE

Name _____

Address _____

Religion _____

Baptized ___ Yes ___ No Where: _____ Approx. Date: _____

Confirmed ___ Yes ___ No Where: _____ Approx. Date: _____

1st Marriage ___ Yes ___ No (If no, remember to discuss with priest or deacon.)

Phone _____ Email _____

CEREMONY

Church _____

City/Town _____

Priest or Deacon presiding at wedding _____

Date/Time _____

Rehearsal Date/Time _____

Please List any Food Allergies _____
