

Date: _____

St. Michael Parish

Marriage Registration Form

Requested Date: _____ Requested Time: _____
(Saturdays, 11am, 1pm or 2pm available)

Requested Location: Downtown Church Westside Chapel
 Rite with Mass Rite Outside of Mass Priest/Deacon Celebrant: _____

Marriage Preparation Sessions: Fall Spring
 Other Parish: _____

Groom: _____ DOB: _____

Address: _____

Contact Phone: _____ Email: _____

Baptized: Y N Roman Catholic Other: _____

Church of Baptism: _____

City: _____ State: _____ Confirmed Y N

Current Church: _____ City: _____ State: _____

Registered Parishioner: Y N

Previously Married (within the Catholic Church or not): Y N Annulment Documents: Y N

Bride: _____ DOB: _____

Address: _____

Contact Phone: _____ Email: _____

Baptized: Y N Roman Catholic Other: _____

Church of Baptism: _____

City: _____ State: _____ Confirmed Y N

Current Church: _____ City: _____ State: _____

Registered Parishioner: Y N

Previously Married (within the Catholic Church or not): Y N Annulment Documents: Y N

Office Use Only

Distribution: Steward for Weddings Marriage Preparation Scheduling FOCCUS Ceremony Fee
 Date _____ Date _____ Date _____ Date _____