



# St. James Catholic Church

## Marriage Preparation - General Information

BRIDE'S Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (Maiden): \_\_\_\_\_

Catholic? ☐ Yes ☐ No Baptized? ☐ Yes ☐ No First Marriage? ☐ Yes ☐ No

Are you or your family registered at St. James? ☐ Yes ☐ No

Name(s): \_\_\_\_\_

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GROOM'S Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name (Maiden): \_\_\_\_\_

Catholic? ☐ Yes ☐ No Baptized? ☐ Yes ☐ No First Marriage? ☐ Yes ☐ No

Are you or your family registered at St. James? ☐ Yes ☐ No

Name(s): \_\_\_\_\_

Witness #1: \_\_\_\_\_ Witness #2: \_\_\_\_\_

Requested Wedding Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_