MARRIAGE INQUIRY FROM

Date: _____

Return completed form to suzi@ourladyoflight.com

BRIDE INFORMATION

Name: _____

Address: _____

C/S/Z: _____

Cell Phone: _____

Email: _____

Religion: _____

Baptized: _____

Parish Registered: _____

Brief Marital History

_____

Name of Witness:_____

Marriage Requesting:
Date: _____ Time: _____
Full Mass _____ Ceremony _____

Rehearsal Requesting:
Date: _____ Time: _____

Church _____ or Chapel _____

GROOM INFORMATION

Name: _____

Address: _____

C/S/Z: _____

Cell Phone: _____

Email: _____

Religion: _____

Baptized: _____

Parish Registered: _____

Brief Marital History

_____

Name of Witness:_____

Other Notations:
Civilly married? _____ Date _____

Prep Only? Yes _____ No _____

Church of Marriage _____

_____

Pianist $225 _____ Cantor $150 _____

Please note: A letter from the couple to the Pastor must be sent stating why you have chosen to marry in the Catholic Church. Send to: freric@ourladyoflight.com

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For office to complete:

Appointment Date and Time:

_____

Priest: _____

Marriage Preparation Material Fee _____
Date Pd _____

Mentor Couple: _____

May be paid by check or cash before scheduling WTL mtg

Notes: _____

_____

Church Donation:

Registered & actively participating for over 6 months $400

Non-Registered $700 Prep only $200

Amount: _____
Check #: _____
Cash: _____
Date Paid: _____