Sacrament of HOLY MATRIMONY
Information Sheet

Please fill out this form COMPLETELY and return it to the priest, ALONG WITH THE MANDATORY COPY OF BOTH OF YOUR BAPTISMAL CERTIFICATES.

PLEASE PRINT CLEARLY

Groom's Name _____
First Name/ Middle Name/ Last Name

Date of Birth _____ Age _____

Home Address _____
Street or PO Box - City, State, Zip Code

Telephone _____ Email _____

Father _____
First Name /Last Name

Mother _____
First Name /Last Name /Maiden Name

Parish of Baptism _____
Name, Street, City, State, Zip Code

Date of Baptism (Month/Day/Year required) _____

Date of First Holy Communion _____ Date of Confirmation _____

Bride's Name _____
First Name/ Middle Name/ Last Name

Date of Birth _____ Age _____

Home Address _____
Street or PO Box - City, State, Zip Code

Telephone _____ Email _____

Father _____
First Name /Last Name

Mother _____
First Name /Last Name /Maiden Name

Parish of Baptism _____
Name, Street, City, State, Zip Code

Date of Baptism (Month/Day/Year required) _____

Date of First Holy Communion _____ Date of Confirmation _____

Name of the priest conferring Holy Matrimony _____

Witness _____ Witness _____

Date of Wedding _____ Office use only; Book ____ Page ____ Line ____

Our Lady of Lourdes Mission

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