



SAINT MICHAEL CATHOLIC CHURCH

MARRIAGE INFORMATION FORM

(To Be Completed by Both Bride and Groom and returned to Dcn. Tom)

Email to: tdoran@smcchurch.org)

SECTION A: GROOM INFORMATION

Full Legal Name: _____

Date of Birth: ____ / ____ / ____

Place of Birth (City/State/Country): _____

Current Address: _____

Phone Number: _____

Email Address: _____

Religion: _____

If Catholic:

- **Date of Baptism:** ____ / ____ / ____
- **Parish of Baptism:** _____
- **City/State/Country of Baptism:** _____

Parish of Confirmation: _____

Father's Full Name: _____ **Religion** _____

Mother's Full Maiden Name: _____ **Religion** _____

Have you ever been married before (civil or religious)? Yes No

If yes, provide details:

Is there any impediment (religious or legal) to this marriage? Yes No

If yes, explain:

SECTION B: BRIDE INFORMATION

Full Legal Name: _____
Date of Birth: ____ / ____ / ____
Place of Birth (City/State/Country): _____
Current Address: _____
Phone Number: _____
Email Address: _____

Religion: _____

If Catholic:

- Date of Baptism: ____ / ____ / ____
- Parish of Baptism: _____
- City/State/Country of Baptism: _____

Father's Full Name: _____ Religion _____
Mother's Full Maiden Name: _____ Religion _____

Have you ever been married before (civil or religious)? Yes No
If yes, provide details:

Is there any impediment (religious or legal) to this marriage? Yes No

SECTION C: PARISH INFORMATION

Are you a Registered Member of St. Michael Catholic Church? Yes No

If not, which parish are you a member of or attend weekly Mass

Are you desiring to be married at Michael Catholic Church? Yes No

If not, which church

What is the target date for your marriage? Month _____ Year _____