ST. JAMES RC CHURCH Wedding Request Form.

Please be advised we do not allow secular music in the church.

Saturday wedding times 12:30 or 2:30 Only No weddings on Sundays. Other days negotiable.

*Proposed Date & Time of Wedding*_____ *Rehearsal date & time*_____

If not St James Church- Where: _____

Will you be going to- St James Pre-Cana : Yes ___ No ___ Date _____

Where will you be going _____

PLEASE PRINT

GROOM	**BRIDE**
Full Name: _____	Full Name: _____
Age: ____	Age: ____
E-mail: _____	***E-mail:*** _____
Phone: _____	Phone: _____
The easiest way to contact you: Phone [ ] Cell [ ] Email [ ]	The easiest way to contact you: Phone [ ] Cell [ ] Email [ ]
Address: _____	Address: _____
(Actual Residence)	(Actual Residence)
Town, State, Zip: _____	Town, State, Zip: _____
(Present Location)	(Present Location)
Day Phone: _____	Phone: _____
Evening Phone: _____	Evening Phone: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Religion: _____	Religion: _____
Date & Place of Birth: _____	Date & Place of Birth: _____
_____	_____
Date / Place of Baptism: _____	Date / Place of Baptism: _____
_____	_____
Your House of Worship: _____	Your House of Worship: _____
Address: _____	Address: _____
_____	_____
Is This Your First Marriage Yes ___ No ___	***Is This Your First Marriage*** Yes ___ No ___
If No- are you Divorced ___ Remarried ___ Widow(er) ___	*If No- are you* Divorced ___ Remarried ___ Widow(er) ___
Name of former Spouse: _____	*Name of former Spouse:* _____
Do you Have ___ or ___ Need an Annulment	*Do you Have __ or ___ Need an Annulment*
Parent's Names: Father _____	**Parent's Names**: Father _____
Mother's First & Maiden Name: _____	Mother's First & Maiden Name _____
_____	_____
Address: _____	Address: _____
_____	_____
Are they Divorced __ Remarried __ Widow ___	*Are they* Divorced __ Remarried __ Widow ___