

ST. THOMAS MORE CATHOLIC COMMUNITY
Wedding Request Form

GROOM

PART I

BRIDE

Name: _____

Phone: (h) _____ (w) _____

E-Mail Address: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____

Religion: _____

If Catholic:

• Are you registered at S.T.M.? _____yes _____no

• Do you attend mass regularly at S.T.M.? _____yes _____no

• Have you made your Confirmation? _____yes _____no

If Non-Catholic:

• Were you baptized? _____yes _____no

• Do you attend Church regularly? _____yes _____no

Have you been married before? _____

If so, with whom? _____

When? _____ Where? _____

How did the marriage end? _____

Name: _____

Phone: (h) _____ (w) _____

E-Mail Address: _____

Street Address: _____

City/State/Zip: _____

Date of Birth: _____

Religion: _____

If Catholic:

• Are you registered at S.T.M.? _____yes _____no

• Do you attend mass regularly at S.T.M.? _____yes _____no

• Have you made your Confirmation? _____yes _____no

If Non-Catholic:

• Were you baptized? _____yes _____no

• Do you attend Church regularly? _____yes _____no

Have you been married before? _____

If so, with whom? _____

When? _____ Where? _____

How did the marriage end? _____