

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? _____

PART II

To help our parish staff to better assist you in the preparation of your marriage, please answer the following questions together as a couple.

What is the date/time you are requesting for your wedding? _____

How long have you known each other? How did you meet? _____

When did you begin to seriously think about getting married? _____

Why do you wish to be married in the Catholic Church here at St. Thomas More? _____

Is there anything else you would like to tell us about yourselves to help us to know you better? _____

