Holy Trinity Catholic Church

Marriage Registration Form

Date: _____

Requested Date:_____ Requested Time: _____
(Saturdays, 10 am, 12pm or 2pm)

☐ Rite with Mass ☐ Rite Outside of Mass Priest/Deacon Celebrant:_____

Marriage Preparation Sessions: ☐ Fall ☐ Spring

☐ Other Parish: _____

Groom: _____ DOB:_____

Address:_____

Contact Phone:_____ Email:_____

Baptized: ☐ Yes ☐ No ☐ Roman Catholic ☐ Other:_____

Church of Baptism:_____

City:_____ State:_____ Confirmed ☐ Yes ☐ No

Current Church: _____ City:_____ State:_____

Registered Parishioner: ☐ Yes ☐ No

Previously Married (within the Catholic Church or not): ☐ Yes ☐ No Anulment Documents: ☐ Yes ☐ No

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Bride: _____ DOB:_____

Address:_____

Contact Phone:_____ Email:_____

Baptized: ☐ Yes ☐ No ☐ Roman Catholic ☐ Other:_____

Church of Baptism:_____

City:_____ State:_____ Confirmed ☐ Yes ☐ No

Current Church: _____ City:_____ State:_____

Registered Parishioner: ☐ Yes ☐ No

Previously Married (within the Catholic Church or not): ☐ Yes ☐ No Anulment Documents: ☐ Yes ☐ No

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Office Use Only

☐ Wedding Coordinator ☐ Marriage Prep ☐ Scheduling ☐ FOCCUS ☐ Ceremony Fee

Date_____ Date_____ Date_____ Date_____ Date_____