



# Holy Trinity Catholic Church

## Marriage Registration Form

Date: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Requested Time: \_\_\_\_\_

(Saturdays, 10am, 12pm or 2pm)

Rite with Mass       Rite Outside of Mass Priest/Deacon Celebrant: \_\_\_\_\_

Marriage Preparation Sessions:  Fall       Spring

Other Parish: \_\_\_\_\_

**Previously Married:**  Yes  No      \_\_\_\_\_ # of times

Groom: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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:**  Yes  No      \_\_\_\_\_ # of times

Bride: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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

### Office Use Only

Wedding Coordinator       Marriage Prep       Scheduling       FOCCUS       Ceremony Fee

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_