



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

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

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

Office Use Only

Wedding Coordinator Marriage Prep Scheduling FOCCUS Ceremony Fee

Date _____ Date _____ Date _____ Date _____ Date _____