

You must be a registered, active participating member of our parish for at least three Months before tentatively reserving a wedding date.



Today's Date _____

GROOM:

Name _____

Address _____
Number & Street City State Zip Code

Religion _____ Church/Parish _____

Are you a parishioner of St. Clement's? ___ YES ___ NO Envelope Number _____

Home Phone _____ Work Phone _____

Date of Birth _____ Have you been Confirmed ___ YES ___ NO

Have you ever been married before ___ YES ___ NO How many times? _____

BRIDE:

Name _____

Address _____
Number & Street City State Zip Code

Religion _____ Church/Parish _____

Are you a parishioner of St. Clement's? ___ YES ___ NO Envelope Number _____

Home Phone _____ Work Phone _____

Date of Birth _____ Have you been Confirmed ___ YES ___ NO

Have you ever been married before ? ___ YES ___ NO How many times? _____

Wedding Date and Time Requested

1. _____ 2. _____ 3. _____
Date Time Date Time Date Time

Which priest do you desire for your wedding preparation and ceremony?

1. Rev. Michael Gawlowski 2. Visitor (you supply)

_____ Priest Name

Main reason you choose to be married in the Catholic Church? _____
