

St. Ann Church Marriage Information Worksheet

Completing This Form Does NOT reserve your wedding date. You must call us at (203) 368-1607. Fax (203) 336-4233

Date Information Given: _____ *Date of First Appointment:* _____ *PMI:* _____

Wedding Day: _____ *Date:* _____ *Time:* _____ *Altar Servers Obtained:* _____

GROOM INFORMATION

Please PRINT

Last Name: _____

First Name: _____

Date of Birth: _____

Place of Birth: _____

Home Phone: (_____) _____

Work or Cell Phone: (_____) _____

Email Address: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Religion: _____

Church of Baptism: _____

Date of Baptism: _____

Church of First Communion: _____

Date of First Communion: _____

Church Where Confirmed: _____

Date of Confirmation: _____

Father's Full Name: _____

Mother's Name (First & Maiden): _____

Have you previously been married? _____

Best Man _____

BRIDE INFORMATION

Please PRINT

Last Name: _____

First Name: _____

Date of Birth: _____

Place of Birth: _____

Home Phone: (_____) _____

Work or Cell Phone: (_____) _____

Email Address: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Religion: _____

Church of Baptism: _____

Date of Baptism: _____

Church of First Communion: _____

Date of First Communion: _____

Church Where Confirmed: _____

Date of Confirmation: _____

Father's Full Name: _____

Mother's Name (First & Maiden): _____

Have you previously been married? _____

Maid of Honor _____