

SS. Ambrose, Matthew and Sylvester Marriage Registration Form

Groom's Full Name _____ Date of Birth _____

Occupation _____ Age _____

Address _____ E-mail Address _____

City, State Zip _____

Home Phone _____ Cell Phone _____

Religious Preference _____ Parish or Church _____

Have you ever been married before? No _____ Yes _____ Annulled? Y N

Do you have children? No _____ Yes _____ _____ Current Baptismal Certificate Provided
(Catholics must have Baptismal Certificate dated within 6 months of marriage.)

Bride's Full Name _____ Date of Birth _____

Occupation _____ Age _____

Address _____ E-mail Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Religious Preference _____ Parish or Church _____

Have you ever been married before? No _____ Yes _____ Annulled? Y N

Do you have children? No _____ Yes _____ _____ Current Baptismal Certificate Provided
(Catholics must have Baptismal Certificate dated within 6 months of marriage.)

Date you would like to be married _____

Time of Wedding _____ Priest _____

Marriage Preparation Classes: Sponsor Couple _____ or Marriage Encounter _____
(Give couples books if they are using sponsor couple)
(Give couple flyer if they are using marriage encounter)

Do you plan to remain at St. Ambrose, St. Matthew or St. Sylvester after marriage? _____
Address at which will live after you are married (If known)

