

DATE OF MARRIAGE: _____ TIME: _____ DATE OF REHEARSAL: _____ TIME: _____

MARRIAGE REGISTRATION FORM

Please return this form along with the Letter of Permission from your parish, signed by the Pastor

BRIDE

Name _____

Address _____

Cell Phone _____

Work Phone _____

Email _____

Villanova University
Year of Graduation _____

Denomination _____

Parish Church _____

Address _____

GROOM

Name _____

Address _____

Cell Phone _____

Work Phone _____

Email _____

Villanova University
Year of Graduation _____

Denomination _____

Parish Church _____

Address _____

BRIDE

Baptized _____ Yes _____ No

Previously married _____ Yes _____ No
If yes, is an annulment pending

GROOM

Baptized _____ Yes _____ No

Previously married _____ Yes _____ No
If yes, is an annulment pending

Is the couple active in practicing their faith and do they have a general knowledge of marriage as a sacrament?
_____ Yes _____ No

I have spoken to this couple and believe them to be ready to enter into the preparation for a sacramental marriage

Date _____ Signature _____

PLEASE RETURN THIS FORM TO: **Mrs. Patty Greenhalgh, Wedding Coordinator: 610-520-1242**
email:weddings@stv.comcastbiz.net