DATE OF MARRIAGE:_____MASS TIME:_____DATE OF REHEARSAL_____

MARRIAGE REGISTRATION FORM

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

BRIDE

Name_____

Address_____

_____

Home Phone_____

Cell Phone _____

Work Phone_____

Email _____

Villanova University
Year of Graduation_____

Denomination_____

Parish Church_____

Address_____

_____

GROOM

Name_____

Address_____

_____

Home Phone_____

Cell Phone _____

Work Phone_____

Email _____

Villanova University
Year of Graduation_____

Denomination_____

Parish Church_____

Address_____

_____

Name of Presider for your wedding_____

Address & Phone Number _____

The following needs to be completed by the Presider for your wedding or the Pastor of your Parish

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: **Alicia McGowan, Director of Weddings: email:weddings@stvparish.org**

St. Thomas of Villanova Parish | 1229 East Lancaster Ave. | Bryn Mawr, 19010 | 610/525-4801 | Fax610/525-6041