DATE OF MARRIAGE_____MASS TIME:_____REHEARSAL DATE & TIME_____

PARISHIONER
MARRIAGE REGISTRATION FORM

Please return completed form to: Alicia McGowan, Wedding Director, 610-520-1242 / weddings@stvparish.org

BRIDE

Name_____

Address_____

_____

Home Phone_____

Cell Phone _____

Work Phone_____

Email _____

Denomination_____

Parish Church_____

City / State_____

_____

GROOM

Name_____

Address_____

_____

Home Phone_____

Cell Phone _____

Work Phone_____

Email _____

Denomination_____

Parish Church_____

City / State_____

_____

Name of Presider for your wedding_____

Address, Phone Email _____

For Church use only:

Form Given to Father Joe on: _____

Approval: Signature_____Date:_____

Comments: