St. Matthew - Marriage Inquiry Form

PLEASE COMPLETE THE FORM AND RETURN

Once the form is received, we will contact you to set up an initial interview and answer any questions you might have.

Today's Date:	We plan t	o be married at St Mat	thew: yes no	
If NO, at what church:	on what date?			
Address of parish:				
If St. Matthew, what is th	ne requested date of mar	riage Saturday,		
Time: 11am 1pm	_ 3pm Requested Cle	rgy:		
Will you be completing y	our Pre Cana at St Matthe	ew? yes no		
If NO, at what church wil	I you be doing your Pre Ca	ana?		
Name of Church:				
Address:				
Name of the person prep	paring you for marriage: _			
GROOM INFORMATION				
First Name:	Middle Name:	Last Name:	Date of Birth:	
Address:				
City:	St	ate:	Zip:	
Email:				
Preferred Phone Number	er:			
Are you Catholic yes	no If no, what faith			
Are you baptized yes	_ no Are you a registe	ered member of St. Ma	itthew? yes no	
	no Are you a register at St I		·	
	attend Mass if not at St I		·	

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BRIDE INFORMAT	TION		
First Name:	Middle Name:	Last Name:	Date of Birth:
Address:			
Email:			
	Number:		
Are you Catholic	yes no If no, what fai	th	
Are you baptized	yes no Are you a regi	stered member of St. Ma	atthew? yes no
Where do you re	gularly attend Mass if not at S	St Matthew?	-
Is this your first n	marriage? yes no		
If NO was your p		urch Annulled by th	o Cathalia Church
ii NO was your pi	reevious marriage civil ch	iuicii Ailiiulleu by ti	ie Catholic Church
ii NO was your pi	reevious marriage civil cr	Amuneu by ti	e Catholic Church
If you would like t	to include the contact information of the ceremony, please inclu	tion of another party tha	at will be assisting you
If you would like t	to include the contact informa	ition of another party that ide their information bel	nt will be assisting you ow:
If you would like t	to include the contact informa of the ceremony, please inclu	ition of another party that ide their information bel	nt will be assisting you ow:
If you would like t with the planning Name:	to include the contact informa of the ceremony, please inclu	ition of another party that ide their information bel	nt will be assisting you ow:
If you would like to with the planning Name: Address:	to include the contact informa of the ceremony, please inclu	ition of another party that ide their information bel	at will be assisting you ow:
If you would like to with the planning Name: Address:	to include the contact informa of the ceremony, please inclu	ition of another party that ide their information bel	at will be assisting you ow:

Please Note:

We suggest waiting to confirm your wedding date with St. Matthew, before putting any deposits down for reception venues, completing this form is not a guarantee of a date or time.

Once the dates, times, and clergy celebrating your wedding, are confirmed we will contact you. This information will be kept on file with the registrar of St. Matthew and distributed to the Celebrant, Wedding Coordinator and Director of Sacred Music.