

Wedding Information Form

Catholic Communities of
Queen of Angels, Port Angeles and Saint Joseph, Sequim

"Married Christians, in virtue of the Sacrament of Matrimony, signify and share in the mystery of that unity and fruitful love which exists between Christ and his Church; they help each other to attain to holiness in their married life and in the rearing and education of their children; and they have their own special gift among the people of God."

"Christian couples, therefore, nourish and develop their marriage by undivided affection, which wells up from the fountain of divine love, while, in a merging of human and divine love, they remain faithful in body and in mind, in good times as in bad."

Groom's full name _____

Date of birth _____ Place of birth _____

Home Phone () _____ Cell Phone () _____

Address _____ e-mail _____

City _____ State _____ Zip _____

Religion _____ Parish _____ Registered ___ yes ___ no

How often do you attend weekend Mass?

Always _____ Frequently _____ Occasional _____ Seldom _____ Never _____

Marital Status: Single (never married) _____ Widowed _____ Divorced _____

Father's full name _____

Mother's full name _____ Maiden Name _____

Best Man _____

Bride's full name _____

Date of birth _____ Place of birth _____

Home Phone () _____ Cell Phone () _____

Address _____ e-mail _____

City _____ State _____ Zip _____

Religion _____ Parish _____ Registered ___ yes ___ no

How often do you attend weekend Mass?

Always _____ Frequently _____ Occasional _____ Seldom _____ Never _____

Marital Status: Single (never married) _____ Widowed _____ Divorced _____

Father's full name _____

Mother's full name _____ Maiden Name _____

Maid of Honor _____



Are you cohabiting (living together)? _____ Yes _____ No

Have either of you been married before? _____ Yes _____ No

WEDDING DATE REQUESTED _____ Time _____

Are you requesting marriage within a nuptial Mass? _____ Yes _____ No

*****Please return completed form to the parish office*****