St. Peter Chanel Catholic Church

Marriage Inquiry Information

TODAY'S DATE		ACTIVE PARISHIONERS?	(y/n)
BRIDE			
Name: (first)	(middle)	(last)	
Address:			
City/State/Zip:			
\square Use this address after ma	nrriage. Religion:	Baptized:	(y/n)
Age:	Birthdate:	Email:	
Phone: (cell)	(work)	(home)	
Previous Marriage:	-		
GROOM			
Name: (first)	(middle)	(last)	
Address:			
City/State/Zip:			
☐ Use this address after ma	nrriage. Religion:	Baptized:	(y/n)
Age:	Birthdate:	Email:	
Phone: (cell)	(work)	(home)	
Previous Marriage:	(y/n)		
Anticipated Wedding D priest/deacon and complete		(We do not confirm date or space until after the couple	e have met with the
Will the Wedding take	place at St. Peter Chanel?	(y/n) If no, name of Church and addres	s:
Will there be a visiting	priest or deacon presiding? _	(y/n)	