Sacred Heart Church

Marriage Intake Form

Groom's Name:_____

Address:_____

City/State/Zip:_____

Phone:_____

Email:_____

Age:_____

Bride's Name:_____

Address:_____

City/State/Zip:_____

Phone:_____

Email:_____

Age:_____

Religion: Groom _____Bride_____

Practicing Catholic: Groom_____Bride_____

Living together: Yes   No

Connection to the Parish (if any):_____

Desired date of wedding:_____

*Needed: Baptismal Certificates (within the last 6 months) and/or letter from pastor(s)

Other circumstances: