

ST. JOSEPH'S CATHOLIC CHURCH – MOULTON, TEXAS
MARRIAGE REGISTRATION FORM

Information of the Bride (please print)

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church of Baptism: _____

Date of First Communion: _____ Church of First Communion: _____

Date of Confirmation: _____ Church of Confirmation: _____

Name of Parish: _____ City, State _____

Have You Been Married Before? Yes No If Yes, to Whom? _____

Father's Name: _____ Father's Religion: _____
First Middle Last

Mother's Maiden Name: _____ Mother's Religion: _____
First Middle Last

Information of the Groom (please print)

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____

Date of Baptism: _____ Church of Baptism: _____

Date of First Communion: _____ Church of First Communion: _____

Date of Confirmation: _____ Church of Confirmation: _____

Name of Parish: _____ City, State _____

Have You Been Married Before? Yes No If Yes, to Whom? _____

Father's Name: _____ Father's Religion: _____
First Middle Last

Mother's Maiden Name: _____ Mother's Religion: _____
First Middle Last

Officiating Minister: _____
Name Parish Diocese

Date of Ceremony: _____ Time: (no later than 2 p.m.) _____

* Witnesses: _____ and _____
(grooms') (bride's)

* If names of witnesses changes please inform the Church.

Couple's Address After Marriage: _____

Did you attend Engaged Encounter: _____ Yes (Date): _____ No

Do you want to register as parishioners at St. Joseph's: _____ Yes _____ No