

St. Kieran Catholic Church: Wedding Registration Form

Marriage Date Requested: _____

Information on Groom:

Name: _____ (please print)

Address: _____

Land Line Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ City of Birth: _____

Religion: _____

(1) If Roman Catholic, please answer the following:

Date of Baptism: _____

Church of Baptism: _____

Date of Confirmation: _____

Church of Confirmation: _____

(2) If another Christian faith, please answer the following:

Date of Baptism: _____

Church of Baptism: _____

Previous Marriage? _____ No or _____ Yes (if yes, continue below)

Date of Marriage: _____

Church/Place of Marriage: _____

Name of Former Spouse: _____

Date & State Divorce Finalized: _____

If Roman Catholic, was this marriage annulled? _____ No or _____ Yes

If Yes, Date & Place Annulment took place: _____

Information on Bride:

Name: _____ (please print)

Address: _____

Land Line Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ City of Birth: _____

Religion: _____

(1) If Roman Catholic, please answer the following:

Date of Baptism: _____

Church of Baptism: _____

Date of Confirmation: _____

Church of Confirmation: _____

(2) If another Christian faith, please answer the following:

Date of Baptism: _____

Church of Baptism: _____

Previous Marriage? _____ No or _____ Yes (if yes, continue below)

Date of Marriage: _____

Church/Place of Marriage: _____

Name of Former Spouse: _____

Date & State Divorce Finalized: _____

If Roman Catholic, was this marriage annulled? _____ No or _____ Yes

If Yes, Date & Place Annulment took place: _____

This form must be completed and returned to the Rectory Office before any dates may be confirmed. Couple will be contacted directly by the Rectory Staff.