

Clergy: _____

Office: date rec'd: _____

MARRIAGE APPLICATION FORM

Date of Wedding: _____

Time: _____

Latest Wedding Time is 5:00 p.m.

Are you currently a St. Jude's parishioner? _____ If not, do you wish to join the parish? _____

APPLICANT

Name: _____

Address: _____

Occupation: _____

Phone: (home) _____ (business) _____

E-Mail: _____ Religious Denomination: _____

(be specific)

Marital Status: never married / widowed / divorced

If divorced, state place of divorce and divorce cert. #: _____

Baptized: Y / N Date of Baptism: _____ Date of Birth: _____
(It is canon law that at least one of the couples are baptized) (month) (day) (year)

Parent's Birth Name: _____

Parent's Birth Name: _____

APPLICANT

Name: _____

Address: _____

Occupation: _____

Phone: (home) _____ (business) _____

E-Mail: _____ Religious Denomination: _____

(be specific)

Marital Status: never married / widowed / divorced

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