

**ST. JOHN THE APOSTLE CHURCH
MARRIAGE PREPARATION WORKSHEET**

PDS/Date: _____
Orientation Date: _____
Orientation Team: _____

SAC: _____

GROOM'S INFORMATION

BRIDE'S INFORMATION

P r i n t f u l l l e g a l n a m e

(First) _____ (Last) _____	(First) _____ (Last) _____
Phone (home) _____ (cell) _____	Phone (home) _____ (cell) _____
Address _____	Address _____
City/ ST/ Zip _____	City/ ST/ Zip _____
E-mail _____	E-mail _____
Birth Date _____ Place of Birth _____	Birth Date _____ Place of Birth _____
Place of Baptism (<i>Church/City</i>) _____	Place of Baptism (<i>Church/City</i>) _____
Religion _____	Religion _____
Member of St John's? ___yes ___no	Member of St John's? ___yes ___no
Previously Married? ___yes ___no	Previously Married? ___yes ___no
Previous Marriage Annulled? ___yes ___no	Previous Marriage Annulled? ___yes ___no
Annulment in process? ___yes ___no	Annulment in process? ___yes ___no
Children? ___yes ___no	Children? ___yes ___no

Are the two of you civilly married (married by a Justice of the Peace)? ___yes ___no Date of Civil Marriage _____

Are the two of you living together? ___yes ___no If yes, how long? _____

DESIRED WEDDING DATE (Must be confirmed with celebrant): _____ LOCATION (CHURCH) _____

POST MARRIAGE MAILING ADDRESS: Street _____
City/ST/Zip _____

Father's Name _____	Father's Name _____
Father's Religion _____	Father's Religion _____
Mother's First and Maiden Name _____	Mother's First and Maiden Name _____
Mother's Religion _____	Mother's Religion _____

- Do Not Fill Out - Office Use:

PREPARATION PROGRAMS

___ Sponsor Couple ___ Pre-Cana ___ "Today, Tomorrow, & Forever" ___ NFP

SPONSOR COUPLE ACTIVITY

Sponsor Couple Name _____ Phone: (h) _____ (c) _____

LITURGY INFORMATION

Wedding Date _____ Time _____ Rehearsal Date _____ Time _____

Priest/Deacon officiating _____ Wedding Coordinator: _____

Location of Wedding _____ City /ST/Zip _____

___ WEDDING (Mass/Service) ___ VALIDATION ___ SANATION

SACRAMENTS: _____