ST. SABINA CATHOLIC COMMUNITY
MARRIAGE APPLICATION

Today's Date:_____

GROOM: PLEASE PRINT

Full Legal Name: _____
First **Middle** **Last**

Address:_____ **City, State, Zip:** _____

Home Phone:_____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Job: _____ **Employer:** _____

Birth Date: _____ **Age:** _____

Baptized: Yes_____ **No**_____ **Faith of Baptism:** _____

Where Baptized? Name of Church _____ **City/State:** _____

Father's Full Name: _____ **Father's Faith:** _____

Father's Complete Address: _____

Mother's Full Name:_____ **Mother's Maiden Name:** _____

Mother's Complete Address:_____ **Mother's Faith**_____

Have you been married before? Yes_____ **No**_____

If so, please list your first spouse's name: _____

Are you registered at St. Sabina? Yes_____ **No**_____

If not, where are you registered?_____

BRIDE: PLEASE PRINT

Full Legal Name: _____
First **Middle** **Last**

Address:_____ **City, State, Zip:** _____

Home Phone:_____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Job: _____ **Employer:** _____

Birth Date: _____ **Age:** _____

Baptized: Yes_____ **No**_____ **Faith of Baptism:** _____

Where Baptized? Name of Church _____ **City/State:** _____

Father's Full Name: _____ **Father's Faith:** _____

Father's Complete Address: _____

Mother's Full Name:_____ **Mother's Maiden Name:** _____

Mother's Complete Address:_____

Have you been married before? Yes_____ **No**_____

If so, please list your first spouse's name: _____

Are you registered at St. Sabina? Yes_____ **No**_____

If not, where are you registered?_____