

DATE OF MARRIAGE: \_\_\_\_\_ MASS TIME: \_\_\_\_\_ DATE OF REHEARSAL \_\_\_\_\_

## MARRIAGE REGISTRATION FORM

Please return this form along with the **Letter of Permission** from your parish, signed by the Pastor.

### BRIDE

### GROOM

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Villanova University  
Year of Graduation \_\_\_\_\_

Villanova University  
Year of Graduation \_\_\_\_\_

Denomination \_\_\_\_\_

Denomination \_\_\_\_\_

Parish Church \_\_\_\_\_

Parish Church \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name of Presider for your wedding \_\_\_\_\_

Address & Phone Number \_\_\_\_\_

.....  
The following needs to be completed by the Presider for your wedding or the Pastor of your Parish

### BRIDE

Baptized \_\_\_\_\_ Yes \_\_\_ No

Previously married \_\_\_\_\_ Yes \_\_\_ No

If yes, is an annulment pending  
\_\_\_\_\_

### GROOM

Baptized \_\_\_\_\_ Yes \_\_\_ No

Previously married \_\_\_\_\_ Yes \_\_\_ No

If yes, is an annulment pending  
\_\_\_\_\_

Is the couple active in practicing their faith and do they have a general knowledge of marriage as a sacrament?  
\_\_\_\_\_ Yes \_\_\_ No

*I have spoken to this couple and believe them to be ready to enter into the preparation for a sacramental marriage*

Date \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE RETURN THIS FORM TO: Mrs. Patty Greenhalgh, Director of Weddings: 610-520-1242

email:weddings@stvparish.org

The Parish Community of St. Thomas of Villanova\*1229 East Lancaster Ave.\*Rosemont,PA. 19010\*610/525-4801\*Fax610/525-6041