

# MARRIAGE REGISTRATION FORM

## BRIDE

Name \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

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

## GROOM

Name \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

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

St. Thomas  
of Villanova

Living Faith  
Undying Love

PLEASE RETURN THIS FORM TO: **Mrs. Kathy Roethlein Phone 610-525-4801 Fax 610-525-6041**

*The Parish Community of St. Thomas of Villanova\*1229 West Lancaster Ave.\*Rosemont,PA. 19010\**

FOR OFFICE USE ONLY

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

DATE OF REHEARSAL \_\_\_\_\_ WEDDING FEE \_\_\_\_\_