

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, Wedding Coordinator: 610-520-1242

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