WEDDING INTAKE FORM **BRIDE** Name: First Middle Last Street Address: ____ City/State/Zip: _____ Phone: _____ Email: ____ Catholic: ____Yes ____No If "No," religion (if any): _____ Registered St. Gertrude Parishioner: Yes No Previously married: Yes No **GROOM** Name: _____ Middle Last Street Address: City/State/Zip: Phone: _____ Email: ____ Catholic: Yes No If "No," religion (if any): Registered St. Gertrude Parishioner: Yes No Previously married: Yes No **OTHER** Requested Date & Time of Wedding: Visiting priest or deacon to preside: Yes (If "Yes," please provide his name, address, phone and email below) Name: _____ Address: _____ Street City State Phone: Email:

OFFICE USE ONLY		
Confirmed Wedding date:		
Documentation:		
Intake form completed by:	Date:	
(or received online)		REV 8/2018