



ST BENEDICT PARISH **INITIAL MARRIAGE REQUEST FORM**

Parish office record

Date Initial Contact: [Click to select date](#)

Tentative Wedding Date:

[Click to select date](#)

Time of Wedding:

☐ 12:00 pm

☐ 2:00 pm

Groom's Information			Bride's Information	
		Surname		
		Given names (s)		
Click to select date		Birthdate/Age	Click to select date	
		Address		
Home:		Telephone	Home:	
Cell:			Cell:	
		Email		
		Occupation		
Date:	Click to select date	Baptism	Date:	Click to select date
Place:			Place:	
		Religion/Rite		
Place:	Date: Click to select date	If convert, Place & Date of Reception	Place:	Date: Click to select date
Click to select date		Date of Confirmation	Click to select date	
		Present Parish		
<input type="checkbox"/> never married <input type="checkbox"/> common law <input type="checkbox"/> in first marriage (married civilly) <input type="checkbox"/> widowed <input type="checkbox"/> divorced		Marital Status	<input type="checkbox"/> never married <input type="checkbox"/> common law <input type="checkbox"/> in first marriage (married civilly) <input type="checkbox"/> widowed <input type="checkbox"/> divorced	

See page 2



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Groom's Information		Citizenship:
Surname:	Given Name(s):	Birthplace:
Father Surname:	Present Address:	Birthplace:
Given name(s):		Religion Rite:
Mother-Maiden Name:	Present Address:	Birthplace:
Given names(s):		Religion Rite:

Bride's Information		Citizenship:
Surname:	Given Name(s):	Birthplace:
Father Surname:	Present Address:	Birthplace:
Given name(s):		Religion Rite:
Mother-Maiden Name:	Present Address:	Birthplace:
Given names(s):		Religion Rite:

WITNESSES (MUST BE OVER 16 YEARS OF AGE): Please complete the section below if witnesses are known. If not, email abancheri@stbenedicts.ca with names and complete address including postal code.

Name:	Address:
Name:	Address: