

THE CATHEDRAL OF SAINT MARY
Wedding Application Form

PLEASE PRINT ALL INFORMATION

Return by FAX to: 305-757-7456

Groom's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ Email: _____

Religion: _____ Parish: _____

Have you been married before (even civilly)? YES: _____ NO: _____

Bride's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ Email: _____

Religion: _____ Parish: _____

Have you been married before (even civilly)? YES: _____ NO: _____

Proposed date for Marriage: _____ Time: _____

Language Preference: _____ Preparation: _____

Ceremony: _____

For Official Church Use Only:

Date information was taken: _____

Referred to Father/Deacon: _____

First Appointment: _____

Notes: