

**SAINT BRENDAN CATHOLIC CHURCH – SACRAMENT OF MARRIAGE APPLICATION
CHAPEL**

Date: _____

Family Number: _____

Language Preference for Ceremony: English: _____

Spanish: _____ Both: _____

Desired Wedding Date: _____

Time: _____

GROOM INFORMATION

BRIDE INFORMATION

Name: _____

Name: _____

Address: Name: _____

Address: Name: _____

E-Mail _____

E-Mail _____

Age: _____ Religion: _____

Age: _____ Religion: _____

Hm. Phone No.: () _____

Hm. Phone No.: () _____

Cel. Phone No.: () _____

Cel. Phone No.: () _____

If Catholic - Parish: _____

If Catholic - Parish: _____

Baptism: _____ Communion: _____ Confirmation: _____

Baptism: _____ Communion: _____ Confirmation: _____

Previous Marriage: Church: _____ Civil: _____

Previous Marriage: Church: _____ Civil: _____

**OFFICIAL USE
(Office or Priest)**

Priest: _____

First Interview: (Non refundable) _____

Confirmed Wedding Date: _____

30 days after: _____

60 days after: _____

Donation
Date Amount

PLEASE READ AND SIGN THE GUIDELINES ON THE BACK

THE APPLICATION WILL NOT BE ACCEPTED IF IS NOT PROPERLY COMPLETED, SIGNED AND WITH ALL CORRESPONDING DOCUMENTS