

Preliminary Wedding Information

Bride's Information

Name _____

Address _____

City/Town _____

Phone _____ Email _____

Religion _____

Parish _____ Location _____

Groom's Information

Name _____

Address _____

City/Town _____

Phone _____ Email _____

Religion _____

Parish _____ Location _____

Is the bride, bride's family, groom or groom's family registered at St. Augustine Parish? YES NO

If YES, under what name(s) are you registered? _____

For how long? _____

If NO, what is your connection to St. Augustine Parish? _____

Desired Wedding Date _____ Desired Wedding Time _____

Mass or Ceremony? _____

Name of Visiting Priest (if any) _____

We prefer to be married at: _____ *St. Augustine* _____ *St. Joseph Church*

Is this the first marriage:

a) for the bride? Yes _____ No _____

b) for the groom? Yes _____ No _____

If "no" please explain the circumstances of the prior union.

After you have filled out the form and mailed it to or brought it to St. Augustine Church, 43 Essex Street, Andover, MA 01810-3779, c/o MARRIAGE, a celebrant will be assigned and you will be contacted for an appointment to set the marriage date and commence preparations. *We are very pleased to journey with you as you prepare to share your life with someone very special.*