



Marriage Registration Form: Bride

Today's Date: _____

Name of Bride: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone Number: _____

High School you attended: _____

Did you graduate? Yes No What year? _____

Did you attend college? Yes No How many years? _____

Did you receive a degree? Yes No

What is your degree in? _____

What is your job? _____

Your Family

Father's Name: _____ Mother's Name: _____

Are they married? Yes No Are they married in the Catholic Church Yes No

Separated Divorced

Names and ages of your brothers and sister :

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

5. _____ Age _____

Please list different things you like to do (hobbies)

1. _____
2. _____
3. _____

Describe how you met your fiancé? _____

Describe what you find attractive about him? _____

What does it mean to you to have your wedding done through the Catholic Church?

Do you attend Sunday Mass? Yes No

How often? Every Sunday Three times a month Twice a month
 Once a month A few times a year

Do you pray? Yes No

How do you pray? (Meditation, reading Scriptures, prayers, rosary—by yourself, with others, etc.)

Have you and your fiancé ever prayed together? Yes No

Are you currently married to each other through a civil ceremony or by a minister of a different religion? Yes No

Do you have children together? Yes No , **If yes, how many?** _____

Have you been married before? Yes No **How many times?** _____

Do you have children from a previous relationship Yes No

If yes, how many? _____