

Pre-Marriage Application

(Please fill this out as completely as you can and bring it to your first appointment.)

Wedding Date: *		Rehearsal Date:	
Wedding Time: *		Rehearsal Time:	
Wedding Location:		Validation Ceremony?	
Address if not St. Joan:			
Met with Priest Date:		Minister of the Wedding:	
Reception Location:		FOCCUS Couple:	

*(The date and time are subject to what is available and what the parish schedule will allow. Choose the time and we will finalize it at our first session.) Acceptable times for weddings on Saturday: 10:00 AM; 12:00 PM, or 2:00 PM

	Groom	Bride
Last Name:		
First and Middle Names:		
Alias, Nicknames, etc.:		
Street Address:		
City, State and Zip:		
Length of time at this address:		
Cell Phone: (xxx) xxx-xxxx		
Work Phone:		
Alternate Phone:		
Occupation:		
Employer:		
Email Address:		
Date of Birth / Age		
City and State of Birth		

Father's Full Name		
Religion		
Mother's Full Name		
Religion		

Were you ever baptized? **		
If so, in what religion?		
Parish where baptized		
Are you confirmed as a Catholic?		
Are you a practicing Catholic?		
Are you registered at St. Joan of Arc?		
Parish Currently Attending		
Were you married before?		
Annulment needed?		

How long have you known each other?		
Best Man / Maid or Matron of Honor		

**Please provide us with a photo of the two of you for your marriage file. It does not need to be professional.

Date of Application: _____ Date Received: _____

Email the completed form to: don@stjoanarvada.org