MARRIAGE PREPARATION

Date Completed:

Name:	Are you a registered membe	r of St. Peter? Yes or No	
Parish:	Religion:	Age:	
Phone:	_ Email:		
Address:	City:	State: Zip	
Email:			
Occupation/Business:			
Previous Marriage: Yes No	Widow(er): Yes No A	nnulment: Yes No	-
Civil Marriage: When?	Where?		
Have you been Baptized? Yes	No Religion?		
Where?			
	Are you a registered membe Religion:		
	_ Email:		
	City:	State: Zıp	
Email:			
	IVZ 1 /) XZ NI		т
<u> </u>	Widow(er): Yes No		
	Where?		
	No Religion?		
W nere?			
DATE. WEDDING DATES WILL	00 IS REQUIRED ALONG WITH THIS FO NOT BE APPROVED UNTIL THE COUL OF SEARE HELD ON SATURDAY AT EITHE	PLE HAS BEEN INTERVIEW	
	Time:		
w eaaing Daie Choue:	1 1//10.		