

# Seven Sorrows Marriage Preparation Form

## **BRIDE:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Religion: \_\_\_\_\_

## **GROOM:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Religion: \_\_\_\_\_

Wedding Date: \_\_\_\_\_

Please send Registration and \$50.00 to: Seven Sorrows; 280 N. Race  
Street; Middletown, PA 17057