Wedding Agreement Form

Seven Sorrows of BVM Church

This form must be signed and returned to the Parish Office to guarantee your wedding Date

BRIDE:				
First:	Middle	Last		
Address:				
City:		State:	Zip	
Home Phone:		Cell:		
Email:				
Occupation:	Work Phone			
Date of Birth	Religion	Parish Church		
Were you ever man	ried before? (Priest, Minister, Rabbi, Ju	stice of the Peace, etc.)	YES	NO
GROOM:				
First:	Middle	Last		
Address:				
City:		State:	Zip	
Home Phone:		Cell:		
Email:				
Occupation:		Work Phone		
Date of	Religion	Parish Church		
Were you ever man	ried before? (Priest, Minister, Rabbi, Ju	stice of the Peace, etc.)	YES	NO
We have registered	for the following Marriage Prep Progra	ım (Select Option #1 or Opti	on #2)	
1	Engaged Encounter Weekend. Date Sc	heduled:		
2	Seven Sorrows Parish Prep Program & Marriage as a Sacrament Seminar. Date:			
	nclosed contract and agree to follow the riage Procedures of this parish.	e requirements of Cannon La	aw, The Commo	on Policy of the
	Date			oate
Bride Signature		Groom Signature		