

# MARRIAGE APPLICATION

Today's Date: \_\_\_\_\_



	You	Your Fiancé
Name:		
Street Address:		
City, State, Zip:		
Primary Phone:		
Alternate Phone:		
Email:		
Religion you profess:		
Have you been Baptized?		
How often do you attend Mass or worship?	Regularly ____ Occasionally ____ Seldom ____ Not at all ____	Regularly ____ Occasionally ____ Seldom ____ Not at all ____
Are you a registered member of a parish or faith community? Where?		
Have you been previously married?		
Do you intend to raise your children Catholic?	Yes ____ No ____	Yes ____ No ____
Hoped-for wedding date: 1 _____, 2 _____, 3 _____		

Why would you like to celebrate your wedding at Holy Trinity Church?

Do you have any questions? (Please use reverse side if blank space is needed.)

**PLEASE RETURN THIS FORM TO:**  
 Fr. Chris Rouech | FrChris@holytrinitycp.org  
 Holy Trinity Catholic Parish | 1200 Alpine Church Rd NW  
 Comstock Park, MI 49321  
 616-784-0677, ext. 114

FOR OFFICE USE:

Approved Date:	Presider:	Mass? Yes No
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