

Information Blank

Holy Matrimony

DATE OF APPLICATION _____ 19 _____

GROOM'S FULL NAME _____

RESIDENCE _____

TELEPHONE _____ OCCUPATION _____

BACHELOR OR WIDOWER _____

NUMBER OF THIS MARRIAGE _____

BAPTIZED _____ IN WHAT DENOMINATION _____

CONFIRMED _____ IN WHAT DENOMINATION _____

COMMUNICANT _____ IN WHAT DENOMINATION _____

AGE _____ DATE OF BIRTH _____
Month Day Year

PLACE OF BIRTH—CITY _____ STATE _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

PARENTS' RESIDENCE _____

BRIDE'S FULL NAME _____

RESIDENCE _____

TELEPHONE _____ OCCUPATION _____

MAIDEN OR WIDOW _____

(over)

HOLY MATRIMONY—Continued

NUMBER OF THIS MARRIAGE _____

IF WIDOW, GIVE MAIDEN NAME _____

BAPTIZED _____ IN WHAT DENOMINATION _____

CONFIRMED _____ IN WHAT DENOMINATION _____

COMMUNICANT _____ IN WHAT DENOMINATION _____

AGE _____ DATE OF BIRTH _____
Month Day Year

PLACE OF BIRTH—CITY _____ STATE _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

PARENTS' RESIDENCE _____

LICENSE NO. _____ WHERE ISSUED _____

DATE OF CEREMONY _____ HOUR _____

PLACE OF CEREMONY: CHURCH _____ CHAPEL _____ RESIDENCE _____

HOLY COMMUNION _____ ORGANIST _____ CHOIR _____

REHEARSAL _____ FLOWERS _____ FEES _____

NAMES OF WITNESSES—1. _____

2. _____

PERMANENT ADDRESS AFTER MARRIAGE _____

OFFICIANT _____