



PRE-WEDDING INFORMATION FORM

STANLEY RIVER CATHOLIC PARISH

16 Peterson Road, Woodford, Qld 4514

Ph: (07) 5496 1369 Fax: (07) 5496 1890 email stanley@bne.catholic.net.au

Please complete this information and return the form to the Parish Office. *One form for each person.*

The information is required for completion of Government and Church legal documents. PLEASE PRINT CLEARLY (blue or black biro)

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

HOW LONG HAVE YOU KNOWN EACH OTHER? _____

ADDRESS WHEN MARRIED IF KNOWN: _____

WHAT IS YOUR RELIGION? _____

USUAL OCCUPATION: _____

CONJUGAL STATUS: Never validly married, Widow, Widower, Divorced

PLACE AND DATE OF BIRTH: _____

PLACE AND DATE OF BAPTISM: _____

PLACE AND DATE OF CONFIRMATION: _____

FATHER'S NAME IN FULL: _____

(If deceased, add 'deceased' after name)

MOTHER'S MAIDEN NAME IN FULL: _____

(If deceased, add 'deceased; after name')

ADDRESS/ES OF PARENTS: _____

FATHER'S COUNTRY OF BIRTH: _____ MOTHER'S _____

IF BORN OVERSEAS, NUMBER OF YEARS RESIDENT IN AUSTRALIA and RESIDENCE STATUS: _____

IF MARRIED BEFORE, DATE AND PLACE OF PREVIOUS MARRIAGE: _____

DO YOU WANT: A NUPTIAL MASS (includes Communion) or A SIMPLE WEDDING (does NOT include Communion)

FULL NAME OF WITNESSES: _____

(e.g. Best Man, Maid of Honour)

PROPOSED DATE, TIME, AND PLACE OF WEDDING: _____

NAME OF PRIEST OR DEACON: _____

BEFORE YOU ARRANGE A MEETING WITH THE PRIEST: You need an **original** copy of your Birth Certificate and a record of your Baptism. To obtain Baptism record, send stamped, self-addressed envelope to the church in which you were baptised requesting certificate. THANK YOU