

PRELIMINARY WEDDING INFORMATION

The Parish of St. John Paul II

P.O. Box 231, Adams, MA 01220 Phone: 413-743-0577 Fax: 413-743-4665



WEDDINGS

COMPLETE THE FOLLOWING INFORMATION

Our parents are registered with . . . (provide information below).

Bride-to-be's parents _____ Parish _____

Groom-to-be's parents _____ Parish _____

BRIDE-TO-BE

My Full Name is _____

Address _____

Telephone _____ e-mail _____

Date of Birth _____ Your age _____

*Previous marriages? _____ Who officiated? _____ When/Where _____

*Did you receive an Annulment? _____

By whom? _____ Where _____ Date _____

Religion (if not Catholic) _____

If Catholic, date & church of Baptism _____

Did you make the Sacraments of First
Communion/Confirmation? _____ Where/When _____

On the reverse side of this form, provide all information helpful to Fr. Montesanti concerning your wedding request. PLEASE DO NOT MAKE ANY WEDDING ARRANGEMENTS (booking halls, invitations, newspaper notices) until you receive notification from Father that the church, date and time is available. Completing this form does not guarantee the date requested.

GROOM TO-BE

My Full Name is _____

Address _____

Telephone _____ email _____

Date of Birth _____ Your age _____

*Previous marriages? _____ Who officiated? _____ When/Where _____

*Did you receive an Annulment? _____

By whom? _____ Where _____ Date _____

Religion (if not Catholic) _____

If Catholic, date & church of Baptism _____

Did you make the Sacraments of First
Communion/Confirmation? _____ Where/When _____

On the reverse side of this form, provide all information helpful to Fr. Montesanti concerning your wedding request. PLEASE DO NOT MAKE ANY WEDDING ARRANGEMENTS (booking halls, invitations, newspaper notices) until you receive notification from Father that the church, date and time is available. Completing this form does not guarantee the date requested.

IMPORTANT!! Keep us informed of any changes in your address or phone.
Call the Parish Office at 743-0577. Thank you.

ADDITIONAL INFORMATION

BRIDE _____

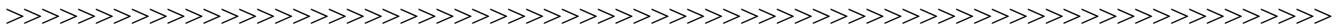
GROOM _____

TODAY'S DATE _____

We would like our wedding on:

Day of Week _____ Day _____ Month _____ Year _____ Time _____

Wedding () with or () without Mass



FOR OFFICE USE ONLY

Date paperwork received _____

Church/Date/Time _____

Appt. for diocesan paperwork _____

Pre-Cana Class _____

Baptism/Birth certificate given on _____

Date of approval by Pastor _____

Letter of approval sent from Pastor _____

Date paperwork sent to Diocese for dispensation _____

Other _____

