

Wedding Reservation Form

Date of Initial Contact: _____
Proposed Date of Marriage: _____

FULL NAME OF GROOM: _____

Address: _____

City, State, ZIP: _____ Telephone: _____

E-Mail: _____ Date of Birth: _____

Religion: _____ Parish: _____

Baptized? Yes No Parish/City: _____

Church Attendance: Frequently Occasionally Rarely Confirmed? Yes No

Previously Married: Yes No If so, how many times? _____

Current Marrial Status: Single Divorced Separated Widowed
 Decree of Nullity (If checked, do you have a Letter of Decree?) Yes No

Education (level completed): _____ Currently a Student: Yes No

Occupation: _____ Name of Employer: _____

Father's Full Name: _____

Religion: _____ Parish/City: _____

Mother's Full (Maiden) Name: _____

Religion: _____ Parish/City: _____

FULL NAME OF BRIDE: _____

Address: _____

City, State, ZIP: _____ Telephone: _____

E-Mail: _____ Date of Birth: _____

Religion: _____ Parish: _____

Baptized? Yes No Parish/City: _____

Church Attendance: Frequently Occasionally Rarely Confirmed? Yes No

Previously Married: Yes No If so, how many times? _____

Current Marrial Status: Single Divorced Separated Widowed
 Decree of Nullity (If checked, do you have a Letter of Decree?) Yes No

Education (level completed): _____ Currently a Student: Yes No

Occupation: _____ Name of Employer: _____

Father's Full Name: _____

Religion: _____ Parish/City: _____

Mother's Full (Maiden) Name: _____

Religion: _____ Parish/City: _____

TO SECURE REQUESTED DATE FOR WEDDING, PLEASE RETURN COMPLETED FORM WITH A NON-REFUNDABLE \$200.00 RESERVATION FEE (which will be used for "Works of Charity"). THOSE WHO ARE NOT MEMBERS OF THE PARISH OR ARE INACTIVE MEMBERS WILL MAKE AN ADDITIONAL \$200.00 OFFERING (for the general operating of the parish). IF THIS IS YOUR HOME PARISH, THE ADDITIONAL FEE IS NOT NECESSARY. CHECKS SHOULD BE MADE PAYABLE TO "MARY MOTHER OF THE CHURCH."

MARY MOTHER OF THE CHURCH CATHOLIC PARISH – 2006 WESTON STREET – LA CROSSE, WI 54601 – 608.788.5483