

wedding Intake

Name (First and Last) _____

Address: _____ City/State/Zip _____

Email _____

Date of Birth: _____ Place of Birth: _____

Religion: _____

Were you baptized? _____ Denomination: _____

Have you received First Holy Communion? _____

Have you have received Confirmation? _____

What is your religion? _____ Do you attend mass? _____

Where do you attend Mass? _____

Are you registered at St. Joseph's? _____

Are you attending the OCIA program? Yes _____ No _____

What sacrament are you seeking? _____

How long have you been dating? _____

Have you had any previous marriages? _____

(Civilly or in the catholic church)

Are you civilly married now? _____ How long _____

Do you have any children? _____

Tell me about yourself

What are your hobbies/ What do you enjoy doing? _____

Are you a smoker Yes _____ No _____

Do you drink alcohol? Yes _____ No _____

If so, how often do you drink or smoke?
