ST. MARGARET MARY PARISH
3970 North 92nd Street
MILWAUKEE, WI 53222
414-461-6073

WEDDING REGISTRATION FACE SHEET

Marriage will take place at St. Margaret Mary or _____

Marriage preparation request only.

Bride Name: _____

Address: _____

Phone: Day: _____ **Evening:** _____

Email: _____

Occupation: _____

Date of Birth: _____ **Place of Birth:** _____

Denomination: Parish: _____

Registered member? ☐ **Yes** ☐ **No** **Year Registered:** _____ **Baptized?** ☐ **Yes** ☐ **No** **Confirmed?** ☐ **Yes** ☐ **No**

Groom Name: _____

Address: _____

Phone: Day: _____ **Evening:** _____

Email: _____

Occupation: _____

Date of Birth: _____ **Place of Birth:** _____

Denomination: Parish: _____

Registered member? ☐ **Yes** ☐ **No** **Year Registered:** _____ **Baptized?** ☐ **Yes** ☐ **No** **Confirmed?** ☐ **Yes** ☐ **No**

Anticipated Wedding Date/Time: _____

Location of Wedding Ceremony: _____

This is a (circle one): **First Marriage** **Remarriage** **Blessing**

Clergy Person Performing Ceremony: _____

Marriage Preparations Will Be Taken Through: ☐ **St. Margaret Mary** ☐ **Other:** _____
Church and Diocese

As soon as possible, please return form along with $200 wedding fee, your wedding will be scheduled after receipt of fee:
REVISED JULY 2018

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Copies of this form to: ☐Fr. Pat (Adminstrator) ☐Neal Bardele (Dir. Of Music) ☐Facilities Maintenance Manager (Maintenance Dept.)

FOR OFFICE USE ONLY: Date Received: _____ Fees Pd (Check # / Date): _____

Rehearsal Arrangements: _____ Musician: _____

Facilitating Couple: _____

Received _____ Assigned _____ Completed _____

Special notations about this wedding: _____