



## Marriage Application

*Please Type or Print*

**Requested Date & Time of Wedding:** \_\_\_\_\_

**Requested Date & Time of Rehearsal:** \_\_\_\_\_

*(The date is tentative until you hear from the presiding priest or deacon.)*

**Bride's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Current Church Parish: \_\_\_\_\_

Have you been married before?      Yes      No      If yes,      Church      Civil Service

**Groom's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Current Church Parish: \_\_\_\_\_

Have you been married before?      Yes      No      If yes,      Church      Civil Service

**Officiating Priest or Deacon:** \_\_\_\_\_

(If not assigned here, His Parish and Diocese: \_\_\_\_\_)

Mail this form to: St John the Baptist Catholic Church, P.O. Box 248, Brusly, LA 70719  
or email to [lmire@sjbbusly.com](mailto:lmire@sjbbusly.com)