

# APPLICATION FOR THOSE WHO ARE ALREADY CIVILLY MARRIED

Please fill out completely. Our Pastor will review your application and the Family Life Director will contact you.

Application Date \_\_\_\_\_

Date for Convalidation (1st Choice) Month/Day/Year		(2nd Choice) Month/Day/Year	
Time (1st Choice)		(2nd Choice)	
<b>Husband's Name</b>	Date of Birth	Age	Religion
Has husband received Confirmation? _____ Communion? _____ What is the date of your civil marriage _____ Has husband ever been divorced _____ Country of Birth _____ What is husband's work phone # _____ Beeper # _____ E-Mail Address _____ @ _____ What is husband's occupation? _____ Place of Employment _____			
<b>Wife's Full Name (maiden)</b>	Date of Birth	Age	Religion
Has wife received Confirmation? _____ Communion? _____ Has wife ever been divorced _____ Country of Birth _____ Wife's work phone # _____ Beeper # _____ Wife's e-mail address _____ what is wife's occupation _____ E-Mail Address _____ @ _____ Place of Employment _____			
<b>HOME ADDRESS</b>	city-state		zip code
<b>HOME PHONE</b>	Language spoken at home		
Where do you attend church?	Time		

## THE CEREMONY

Language preference

English

Spanish

Bi-Lingual

Other

How many people will be invited to the Celebration? \_\_\_\_\_

Do you wish to celebrate the Liturgy in the Chapel or the Church? \_\_\_\_\_

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