St. Raymond of Peñafort Catholic Church



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WEDDING REQUEST

WEDDING DATE:1	TIME: LANGUAGE:
MUSIC BY:	
MUSIC BY: By: Clary Varona 786.378.2112 []	YES [] NO
BRIDE'S INFORMATION	GROOM'S INFORMATION
NAME:	NAME:
DATE OF BIRTH:	DATE OF BIRTH:
PLACE OF BIRTH:	PLACE OF BIRTH:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
EMAIL:	EMAIL:
REGISTERED IN PARISH: [] YES [] NC	REGISTERED IN PARISH: [] YES [] NO
RECEIVED SACRAMENTS OF:	RECEIVED SACRAMENTS OF:
BAPTISM []YES []NOHOLY COMMUNION []YES []NOCONFIRMATION []YES []N	
PREVIOUS MARRIAGE: [] YES [] N	O PREVIOUS MARRIAGE: [] YES [] NO
CATHOLIC CHURCH [] YES [] NCIVIL MARRIAGE [] YES [] N	O > CATHOLIC CHURCH [] YES [] NO O > CIVIL MARRIAGE [] YES [] NO
MOTHER'S MAIDEN NAME:	MOTHER'S MAIDEN NAME:
FATHER'S NAME:	FATHER'S NAME:
MAID OF HONOR:	GODPARENT:
Submitted copy of the following Certificates: BAPTISM []YES []NG HOLY COMMUNION []YES []NG CONFIRMATION []YES []NG	Submitted copy of the following Certificates: D BAPTISM []YES []NO D HOLY COMMUNION []YES []NO D CONFIRMATION []YES []NO
Renting the Parish Hall for the Wedding Celebra	ation? [] YES [] NO If YES, specify time:
From:	
*****FOR OFFICE USE ONLY:	
Request Taken By: Name:	Date:
Recorded in Wedding Book: Date/ Initials	