

St. Albert the Great Wedding Form

GROOMS INFORMATION

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

PROV.:

POSTAL CD:

PHONE #:

EMAIL ADDRESS:

RELIGION

Previously Married?

BRIDES INFORMATION

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

PROV.:

POSTAL CD:

PHONE #:

EMAIL ADDRESS:

RELIGION

Previously Married?

WEDDING DATE:

(dd/mmm/yyyy)

PARISH NAME:

PARISH CITY:

PROV.:

Email Completed Form to: pastor@stalbertthegreat.ca