

MARRIAGE PREPARATION QUESTIONNAIRE

St. Rita Catholic Church | 3815 Russell Road | Alexandria, VA 22305 | (703) 836-1640

Congratulations on your engagement and upcoming wedding! Please complete this form and return it to Karen Davidson @ stريتاسecretary@gmail.com or e-fax to: (866) 429-8851.

BRIDE:

Full Legal Name: _____ Email: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Date of Birth: _____ Age: _____

Religion: _____ Baptized? Yes No Confirmed Catholic? Yes No

Are you a registered parishioner of St. Rita Church? Yes No If not, where? _____

Is this your first marriage? Yes No

GROOM:

Full Legal Name: _____ Email: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Date of Birth: _____ Age: _____

Religion: _____ Baptized? Yes No Confirmed Catholic? Yes No

Are you a registered parishioner of St. Rita Church? Yes No If not, where? _____

Is this your first marriage? Yes No

CEREMONY DETAILS: DATE, TIME, LOCATION & CELEBRANT:

Will the wedding be at St. Rita Church? Yes No Preferred priest/celebrant? _____

If yes, desired date? _____ Desired time? 11:00 am 2:00 pm Other time? _____

Do you prefer a: Nuptial Mass simple Ceremony (no Mass) Not Sure

If you will not be married at St. Rita Church, at what church will you be married? (*name and address*)

If you plan to marry at another church, who will be the priest/celebrant? _____