

MARRIAGE BOOKING FORM

MULLINGAR PARISH

Office 9am - 5pm, Monday to Friday

T. 044 9348 338 F. 044 9340 780

Bride	<input type="text"/>	Groom	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Tel. No.	<input type="text"/>	Tel. No.	<input type="text"/>
Wedding Date	<input type="text"/>	Priest	<input type="text"/>
Church	<input type="text"/>		

1. Are you both over the age of 18?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2. Have either of you been married before in a civil or religious ceremony?	Y <input type="checkbox"/>	N <input type="checkbox"/>
3. Are you related to each other by marriage or adoption?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4. Are you both Catholic?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5. Are you willing to assume your responsibilities for the civil notification and registration of your marriage?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6. Are you willing to attend a pre-marriage course?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Signed by the couple

Bride	<input type="text"/>	Groom	<input type="text"/>
Date	<input type="text"/>		

We have read and agree to follow the Mullingar Parish guidelines regarding our wedding.

For Office Use Only

Has Sacristy Fee been paid Y N