St James' Catholic Church St Andrews

REGISTRATION FOR MARRIAGE

WEDDING OF		&	
DATE:	DAY:	TIME:	PLACE:
CELEBRANT:			
		GROOM	BRIDE
Full N			
Date of Birth:			
Addı	ress:		
Telephone:			
Em			
Relig	gion:		
Previously	married?	YES / NO	YES / NO
Liturgy:		NUPTIAL MASS / SERVICE	
Orga	nist:		
Special R	equests.		
1			

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