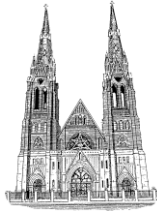




St. Josaphat Church



Sweetest Heart of Mary Church

Mother of Divine Mercy Parish

4440 Russell Street
Detroit, Michigan 48207-1015
Telephone: 313-831-6659
Fax: 313-831-8522

Email: ParishOffice@MotherOfDivineMercy.org

PRELIMINARY REGISTRATION FORM

STAFF NAME: _____ TODAY'S DATE: _____

STAFF CONTACT: Email: ParishOffice@MotherofDivineMercy.org Phone: 313-831-6659 FAX: 313-831-8522

PREFERRED WEDDING DATE: _____ TIME: _____ AM PM

WORSHIP SITE: _____ Sweetest Heart of Mary _____ St. Josaphat

BRIDE'S NAME: _____
Last Name *First Name*

ADDRESS: _____
Street *City* *State* *Zip Code*

RELIGION: _____ CATHOLIC, LATIN RITE _____ CATHOLIC, EASTERN RITE _____ OTHER _____

BAPTIZED: _____ YES _____ NO CONFIRMED: _____ YES _____ NO

PARISH REGISTERED IN: _____

PRIOR MARRIAGE(S) _____ YES _____ NO CIRCUMSTANCES: _____
 IF YES: HAS ANNULMENT BEEN GRANTED: _____ YES _____ NO IS IT IN THE PROCESS? _____ YES _____ NO

DAYTIME PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____ BIRTHDATE: _____

GROOM'S NAME: _____
Last Name *First Name*

ADDRESS: _____
Street *City* *State* *Zip Code*

RELIGION: _____ CATHOLIC, LATIN RITE _____ CATHOLIC, EASTERN RITE _____ OTHER _____

BAPTIZED: _____ YES _____ NO CONFIRMED: _____ YES _____ NO

PARISH REGISTERED IN: _____

PRIOR MARRIAGE(S) _____ YES _____ NO CIRCUMSTANCES: _____
 IF YES: HAS ANNULMENT BEEN GRANTED: _____ YES _____ NO IS IT IN THE PROCESS? _____ YES _____ NO

DAYTIME PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____ BIRTHDATE: _____

It is strongly recommended that you provide your own presider for the ceremony. Please advise if this is/will be an issue for you.

NOTES: _____

PLEASE CALL FOR AVAILABILITY PRIOR TO SENDING IN THIS FORM