

Wedding Request Form

Church of St. Michael

611 South 3rd Street

Stillwater, MN 55082

(651) 439-4400 (P) (651) 430-3271 (F)

Email: info@costm.org

Office Use Only WEDDING ASSIGNED TO:
DATE: _____ TIME: _____

Congratulations on your engagement! Please complete this form if you would like to be married at the Church of St. Michael. Drop off, mail or fax this completed form to the parish office. **We will try to get back to you within 10 days.** You will be contacted by the priest that has been assigned to your wedding to set up a meeting time. At that first meeting your wedding date will be reserved upon receipt of your \$100.00 non-refundable deposit.

Bride's Name: (Formal): _____ Date of Birth: _____ Age: _____

Address: _____ (h) Phone _____

_____ (w) Phone _____

Phone Number where you can be reached: _____ (CELL) _____

Email Address: _____

Previous Marriage? (Y/N) _____ If Yes, has annulment been granted? (Y/N) _____ In Process? _____

Religion: _____ Parish: _____

If St. Michael's Member How Long? _____ Circle One: Individual/Parent

Parent's Name(s): _____

Mother's Maiden Name: _____

Groom's Name: (Formal): _____ Date of Birth: _____ Age: _____

Address: _____ (h) Phone _____

_____ (w) Phone _____

Phone Number where you can be reached: _____ (CELL) _____

Email Address: _____

Previous Marriage? (Y/N) _____ If Yes, has annulment been granted? (Y/N) _____ In Process? _____

Religion: _____ Parish: _____

If St. Michael's Member How Long? _____ Circle One: Individual/Parent

Parent's Name(s): _____

Mother's Maiden Name: _____

Priest/Deacon Requested? (Subject to Availability): _____

➤ **Requested Wedding Date(s): (1st, 2nd, and 3rd choices)**

1. _____ 2. _____ 3. _____

➤ **Requested Time (circle one):** Friday: 6:00 P.M. Saturday: 2:00 P.M.

Date Form Received at Office: _____ Parishsoft Census Verified: _____
