Completion of this form does not confirm the church or a minister for a wedding date. Please return this via email along with the completed questionnaires to tnevels@stcharles-kettering.org. The Pastor will contact you to schedule a meeting once all the paperwork is received.

GROOM		BRIDE		
	Full Name (Last, First MI)			
<u>N/A</u>	Your Maiden Name (if applicable)			
	Current Address			
	City, State, Zip Code			
	How long at this address?			
Phone:	Telephone	Phone:		
	E-mail Address			
	Religion or church affiliation (if any)			
	If Catholic, name of parish where you are a registered member Address of Parish (if Catholic)			
	City, State, Zip Code of Parish			
	Date of Birth			
Yes No	Have You Been Baptized?	Yes No		
	If Baptized – Date of Baptism			
	Name of Church Where Baptized			
	Address of Church			
	City, State, Zip Code of Church			
Yes No	Have You Been Confirmed?	Yes No		
Yes If yes, how many? No	Any Previous Marriages?	Yes If yes, how many? No		
Yes No	Are You Legally Divorced?	Yes No		
	Father's Name			
	Mother's Present Name			
	Mother's Maiden Name			
	Best Man/Maid of Honor			

How long have you known one another?		_		
How long have you dated one another?		_		
Date of engagement		_		
Please note: Marriage prepa desired wedding date. The w				t 6-12 months prior to the
Since the priest/deacon or chureception halls, musicians, cannot be set over the phone price	terers, etc. until the	e minister sets th		you prefer, do not reserve in person. Wedding dates will
Weddings at St. Charles Borro Other days or times may be a	omeo are planned vailable upon requ	for Friday evenir est.	ng or Saturday be	etween 10:00 am and 1:30 pm.
Desired Wedding Date/Time (First Preference)				
Desired Wedding Date/Time (Second Preference)				
Preferred Chuch Loca	ation Ascens	sion St.	Albert	St. Charles
If you desire a specific is available on your da		•		cations depending on what e (1, 2, 3):

Ascension

KETTERING CATHOLIC COMMUNITY

St. Charles

St. Albert