

Sacred Heart Church

105 Waugh St, Columbia, MO
www.sacredheart-church.org 573-443-3470; fax 573-442-1082



Initial Contact Marriage Form

Please print carefully

Date: _____

Groom: _____	cell ph _____
Address _____	wk ph _____
City, state, zip _____	email _____
Best time to contact _____	

Bride: _____	cell ph _____
Address _____	wk ph _____
City, state, zip _____	email _____
Best time to contact _____	

Bride	
Age _____	Religion _____
Sacraments received:	
Baptism	Yes No
Eucharist	Yes No
Confirmation	Yes No
Previously married	Yes No
Registered and attending in what parish? _____	

Groom	
Age _____	Religion _____
Sacraments received:	
Baptism	Yes No
Eucharist	Yes No
Confirmation	Yes No
Previously married	Yes No
Registered and attending in what parish? _____	

Parishioners should be registered in the parish for at least one year prior to planning their wedding

Proposed wedding date	
First choice _____	
Second Choice _____	
Time of wedding	
Friday	7 pm
Saturday	1 pm

Mass: yes No
Presider _____
Visiting priest _____
Contact info _____

If you are not a parishioner, state reason for wishing to have your wedding at Sacred Heart Church.

OFFICE USE ONLY:

Couples has copy of guidelines _____

Church fee _____ Date paid _____ Ck # _____

FOCCUS Inventory set up _____

FOCCUS Inventory discussion _____

Bride's Baptism/Confirmation certification _____

Groom's Baptism/Confirmation certification _____

Certificate of completion marriage preparation _____

Letter of good standing/permission

- 1)
- 2)
- 3)

Notes: