

MARRIAGE INQUIRY FORM

GROOM	BRIDE
Last Name: _____	Last Name: _____
Name(s): _____	Name(s): _____
Date of Birth: _____ Age: ____	Date of Birth: _____ Age: ____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work or Cell Phone: _____	Work or Cell Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Religion: _____	Religion: _____
Citizenship: _____	Citizenship: _____
Have you been Baptized:	Have you been Baptized:
Place of Baptism (Church): _____	Place of Baptism (Church): _____
Date: _____	Date: _____
Have you been Married before:	Have you been Married before?:
If yes, how many times?	If yes, how many times?
Present Church: _____	Present Church: _____
Mother’s Information	Mother’s Information
Full Name: _____	Full Name: _____
Maiden Name: _____	Maiden Name: _____
Address: _____	Address: _____
Birthplace: _____	Birthplace: _____
Religion: _____	Religion: _____
Father’s Information	Father’s Information
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Birthplace: _____	Birthplace: _____
Religion: _____	Religion: _____
Best Man: _____	Maid of Honour: _____
Address: _____	Address: _____
Office Use Only	
Date Form was Submitted: _____ Received by: _____	
Form 1 Filled out Interview Date: _____	
Date Entered into Calendar: _____ Appointment: _____	