

Today's Date ____/____/____

Initial Contact Form for Marriage
 St. Vincent Ferrer Parish
 1530 Jackson Avenue, River Forest, IL 60305
 Phone: 708-366-7090 Fax: 708-366-7092



Please Print

Name of Bride _____ Home Phone _____
 Street Address _____ Cell Phone _____
 City, State, Zip _____ Email _____
 Best Time to Contact _____

Name of Groom _____ Home Phone _____
 Street Address _____ Cell Phone _____
 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 attend in which parish?

GROOM: Age _____
 Religion _____
 Sacraments received:
 Baptism Yes No
 Eucharist Yes No
 Confirmation Yes No
 Previously married Yes No
 Registered and attend in which 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: Sat. 1:00 pm Or 3:00 pm
 Fri. after 2 pm

Priest presiding at marriage celebration
 Priest from St. Vincent Ferrer _____
 (Name)
 Visiting priest _____
 (Name)

 (address) (phone)

Remarks:

Please return completed form to parish, Attention Pastor.