

Wedding Reservation Form

Date of Initial Contact: _____
Proposed Date of Marriage: _____

FULL NAME OF GROOM: _____

Address: _____

City, State, ZIP: _____ Telephone: _____

E-Mail: _____ Date of Birth: _____

Religion: _____ Parish: _____

Baptized: Yes No Confirmed: Yes No

Church Attendance: Frequently Occasionally Rarely Never

Previously Married: Yes No How Many Times? _____

Current Marrial Status: Single Divorced Separated Widowed

Decree of Nullity (IF CHECKED DO YOU HAVE LETTER OF DECREE?) Yes

Education (level completed): _____ Currently a Student: Yes No

Occupation: _____ Name of Employer: _____

Father's Name: _____

Religion: _____ Parish: _____

Mother's Maiden Name: _____

Religion: _____ Parish: _____

FULL NAME OF BRIDE: _____

Address: _____

City, State, ZIP: _____ Telephone: _____

E-Mail: _____ Date of Birth: _____

Religion: _____ Parish: _____

Baptized: Yes No Confirmed: Yes No

Church Attendance: Frequently Occasionally Rarely Never

Previously Married: Yes No How Many Times? _____

Current Marrial Status: Single Divorced Separated Widowed

Decree of Nullity (IF CHECKED DO YOU HAVE LETTER OF DECREE?) Yes

Education (level completed): _____ Currently a Student: Yes No

Occupation: _____ Name of Employer: _____

Father's Name: _____

Religion: _____ Parish: _____

Mother's Maiden Name: _____

Religion: _____ Parish: _____

TO SECURE REQUESTED DATE FOR WEDDING, PLEASE RETURN COMPLETED FORM WITH A NON-REFUNDABLE \$200.00 RESERVATION FEE (which will be used for "Works of Charity"). THOSE WHO ARE NOT MEMBERS OF THE PARISH OR ARE INACTIVE MEMBERS WILL MAKE AN ADDITIONAL \$200.00 OFFERING (for the general operating of the parish). CHECKS ARE PAYABLE TO "ST. OLAF CHURCH."

ST OLAF CATHOLIC CHURCH – PO Box 1203 – 3220 MONROE STREET – EAU CLAIRE, WI 54702-1203 – 715.832.2504