

St. James Catholic Church

Parish Office
124 N. Pacific Coast Highway
Redondo Beach, CA 90277
(310) 372-5228

MARRIAGE INTAKE FORM

Today's Date: _____

| | |
|---|---|
| Wedding at St. James Preferred Priest or Deacon: _____ Preferred Wedding Date: _____ | Wedding Elsewhere – Preparation at St. James Name and Address of Church: _____ _____ _____ |
|---|---|

| | | |
|--|-----|----|
| Are you now Civilly Married? | Yes | No |
| Have either of you ever been Married? | Yes | No |

| | | | |
|----------------------------------|-------|-------------|---|
| Groom's Name: | _____ | | |
| Address: | _____ | | |
| City, State, Zip: | _____ | | |
| Home Phone: | _____ | Work Phone: | _____ |
| E-Mail Address: | _____ | Cell Phone: | _____ |
| Date/Place of Birth: | _____ | Occupation: | _____ |
| Are you a Catholic | Yes | No | If not, what faith: _____ |
| Registered at St. James | Yes | No | If not, where: _____ |
| Do you attend Mass at St. James: | Yes | No | If not, where: _____ |
| Is this your first Marriage | Yes | No | If not, how many: _____ |
| Was previous Marriage: | Civil | Church | Annulled Lack of Form Date Annulment Granted: _____ |

| | | | |
|----------------------------------|-------|-------------|---|
| Bride's Name: | _____ | | |
| Address: | _____ | | |
| City, State, Zip: | _____ | | |
| Home Phone: | _____ | Work Phone: | _____ |
| E-Mail Address: | _____ | Cell Phone: | _____ |
| Date/Place of Birth: | _____ | Occupation: | _____ |
| Are you a Catholic | Yes | No | If not, what faith: _____ |
| Registered at St. James | Yes | No | If not, where: _____ |
| Do you attend Mass at St. James: | Yes | No | If not, where: _____ |
| Is this your first Marriage | Yes | No | If not, how many: _____ |
| Was previous Marriage: | Civil | Church | Annulled Lack of Form Date Annulment Granted: _____ |

| | |
|----------------------------------|-------|
| Future Address of Couple: | _____ |
| | _____ |
| | _____ |