

St. James Cathedral Wedding Application

Please return by email to mmokris@stjamesorlando.org



Groom Information:

Name: _____ Phone: _____

E-mail: _____ Religion: _____

If Catholic, what parish do you attend? _____

What Sacraments have you received? **Baptism** **First Communion** **Confirmation**

Have you been married before, even civilly? **Yes** **No**

Bride Information:

Name: _____ Phone: _____

E-mail: _____ Religion: _____

If Catholic, what parish do you attend? _____

What Sacraments have you received? **Baptism** **First Communion** **Confirmation**

Have you been married before, even civilly? **Yes** **No**

Wedding Information:

Do you intend for your wedding to be at St. James, or elsewhere? **St. James** **Elsewhere**

Proposed Wedding Date: _____ Time: _____ Church or Chapel? _____

Mass or ceremony? _____ Language Preference: _____

Which priest or deacon do you prefer to prepare you for marriage, if applicable? _____

Your Story:

We look forward to journeying with you, and you will be in our prayers! We would love to know a bit more about you personally as we begin to get to know you better throughout the marriage preparation process.

1. How did you meet? _____

2. What is your favorite memory as a couple? _____

3. What are some of your hopes and dreams for your marriage? _____

When submitting, please include a picture of yourselves so we can match your names to your faces!