



Holy Spirit Catholic Church

355 Independence Blvd.
Christiansburg, Virginia 24073
540-381-0299

Today's Date: _____

Name of Groom: _____

Groom's Mailing Address: _____

Groom's E-mail Address: _____

Groom's Phone (H): _____ **(W):** _____ **(C):** _____

Age of Groom: _____ **Groom's Religion:** _____

If Catholic, are you a registered member of Holy Spirit? YES NO

If yes, for how long? _____

If no, are you a member of another parish? YES - Parish Name _____ NO

Previous marriage? YES NO If yes, check all that apply: Civil Marriage Catholic

Name of Bride _____

Bride's Mailing Address: _____

Bride's E-mail Address: _____

Bride's Phone (H): _____ **(W):** _____ **(C):** _____

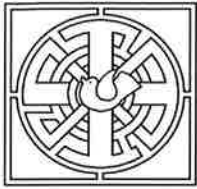
Age of Bride: _____ **Bride's Religion:** _____

If Catholic, are you a registered member of Holy Spirit? YES NO

If yes, for how long? _____

If no, are you a member of another parish? YES - Parish Name _____ NO

Previous marriage? YES NO If yes, check all that apply: Civil Marriage Catholic



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Wedding Ceremony Date and Time:

Type of Ceremony Requested):

- Marriage Celebration (No Mass)
- Marriage Celebration with Mass (Priest required)
- Ecumenical or interfaith wedding
- Marriage at another church, Name of church: _____

Do you wish to arrange clergy from another church or faith to participate?

- Yes (see co-celebrant below)
- No

Requests other than Saturday at 11am or 1pm must be reviewed by the Pastor.

1st Choice Date _____ 11am 1 pm other: _____ am/pm
 2nd Choice Date _____ 11am 1pm other: _____ am/pm
 3rd Choice Date _____ 11am 1pm other: _____ am/pm

Preferred Wedding Rehearsal Date and Time:

Wedding rehearsals will be scheduled to take place at 5pm or 6pm the day before the ceremony.

- 5pm
- 6pm
- other special request: _____, _____ am/pm

Officiant: Do you request a priest/deacon from Holy Spirit Parish officiate your wedding?

Name of Priest/Deacon: _____

Priest from another Parish: _____



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Thank you for your cooperation in completing this form. We will contact you as soon as your application has been reviewed.

For Office Use: Form received (date): _____
Priest/Deacon confirmed: _____
Confirmed Date: _____ Time: _____
Confirmation Sent: _____ via email _____ letter _____ phone _____
Priest Initials: _____ Office Staff: _____
Required Documents Received Dates:
Marriage Prep Class Complete: _____
Diocesan Required Weekend Class _____
License _____
Right to Marry _____
Certificate Printed: _____