

**SHRINE OF THE MOST BLESSED SACRAMENT
MARRIAGE PREPARATION INFORMATION**

Date: _____

Wedding Date: _____ Parish/Church: _____

BRIDE

GROOM

Name:

Name:

Address:

Address:

Email:

Email:

Best Phone #:

Best Phone #:

Religion:

Religion

Age

Age

Occupation:

Occupation

**FOCUS Questionnaire should be completed with your
presiding priest prior to your wedding date. Please indicate
if you have done so:**

YES / NO (CIRCLE ONE)

Presiding Priest at Wedding Ceremony/ Parish:

Blessed Sacrament Records:

Paid: _____

Date received: _____

Attend HV Lecture: _____

Date: _____

Month for Pre-Cana: _____

Presenters: _____