

MARRIAGE INFORMATION

Our Lady of Sorrows Church  
14 Prospect Street, Essex, CT 06426  
Phone (860) 767-1284 Email: [office@olos-sx.org](mailto:office@olos-sx.org)

Name of Groom \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Baptism: When? \_\_\_\_\_ Where? \_\_\_\_\_

First Communion: When? \_\_\_\_\_ Where? \_\_\_\_\_

Confirmation: When? \_\_\_\_\_ Where? \_\_\_\_\_

Parish: \_\_\_\_\_

What religion do you practice? \_\_\_\_\_

Name of Bride \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Baptism: When? \_\_\_\_\_ Where? \_\_\_\_\_

First Communion: When? \_\_\_\_\_ Where? \_\_\_\_\_

Confirmation: When? \_\_\_\_\_ Where? \_\_\_\_\_

Parish: \_\_\_\_\_

What religion do you practice? \_\_\_\_\_

Have either of you married before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many times? \_\_\_\_\_ When? \_\_\_\_\_

When do you wish to be married? \_\_\_\_\_