## Marriage Preparation Fact Sheet San Isidro Catholic Church

2310 Hammondville Rd., Pompano Beach FL 33069

	<b>Other</b> (specify)
Groom Information	
Last Name First & Middle Name	Are You Currently ☐ Yes ☐ No Married to the Bride? *If Yes, Who Married You?
Date of Birth Place of Birth Actual Age	How Did the Marriage End?
Address (with City & Zip Code)	Are You Registered as Parishioner of San Isidro? □ Yes □ No
()	OVER *
()	For Priest's / Deacon's Use Only
Phone Number (Home)PhoneNumber (Cell)Det	
Are You	est / Deacon for Wedding
□ Jewish? □ Other?	Last Name First & Middle Name
How Long Have You Known Your Fiancé?	Date of Birth Place of Birth Actual Age
Have You Been Married Before? □ Yes □ No	
*If Yes, How Many Times?	Address (with City & Zip Code)
☐ Civilly □ Catholic	()

Phone Number (Home) Phone Number (Cell)	Groom Information (Continued)
Are You □ Catholic? □ Non-Catholic Christian?	Which of the following Sacraments have you Received?
	□ Baptism □ Confirmation □ Eucharist
□ Other?	(First Communion)
How Long Have You Known Your Fiancé?	
	Please Note If Any of the Following Applies:
Have You Been Married Before? 🗆 Yes 🗆 No	□ I Have Received the Sacrament of Sacred Orders in
*If Yes, How Many Times?	the Past 🛛 N/A
<ul> <li>Civilly</li> <li>Catholic</li> <li>Other (specify)</li> </ul>	□ I Have Belonged to a Religious Order or Congregation in the Past □ N/A
Are You Currently No Married to the Groom?	I Know That I Am Medically Impotent to Perform a
*If Yes, Who Married You?	Sexual Relation
How Did the Marriage End? Divorce Annulment Death	□ I Have a Criminal Record □ N/A
Are You Registered as Parishioner of San Isidro? No OVER	☐ I Come to Ask for the Sacrament of Matrimony Freely and Without any Coercion from Anyone
Confirmed Date of Wedding	related with my Fiancé by
Priest's / Deacon's Signature	Blood as Follows:
Date for Rehearsal Time	

Email □ I Have a Criminal Record Address:  $\square$  N/A □ I Come to Ask for the Sacrament Preferred Wedding Matrimony of Date: Freely and Without any **Coercion from Anyone**  $\Box$  N/A □ I am related with my Fiancé by **Blood as Follows:**  $\square$  N/A **Bride Information (Continued)** Email Which of the following Sacraments Address:\_\_\_\_\_ have you Received? □ Baptism □ Confirmation □ Eucharist (First **Communion**) Please Note If Any of the Following **Applies:** □ I Have Received the Sacrament of **Sacred Orders in**  $\Box$  N/A the Past □ I Have Belonged to a Religious Order or **Congregation in the Past** N/A □ I Know That I Am Medically Impotent to Perform a **Sexual Relation**  $\square$  N/A