

PRELIMINARY MARRIAGE FORM

Our Lady of the Snows
Mary's Home
Eugene. Mo. 65032-4231

Date: _____

Name of the BRIDE: _____

IS THIS YOUR FIRST MARRIAGE YES NO

Date of Birth _____ Place of Birth _____

Religion (if any): _____

Parish (if any): _____

Address _____

City _____ State _____ Zip _____

Home Telephone: (____) _____ / Cell: (____) _____

Email: _____

Name of the GROOM: _____

IS THIS YOUR FIRST MARRIAGE YES NO

Date of Birth _____ Place of Birth _____

Religion (if any): _____

Parish (if any): _____

Address _____

City _____ State _____ Zip _____

Home Telephone: (____) _____ / Cell: (____) _____

Email: _____

PROPOSED WEDDING DATE: _____

PRIEST/DEACON helping make arrangements: _____

If not from OLOS, please provide the following information:

Telephone: (____) _____ Email: _____

PLEASE RETURN THIS FORM TO:

Parish Secretary
Our Lady of the Snows
274 Hwy H
Eugene MO 65032-4231

Please note that we can only guarantee your date after you have met with the pastor in person and he has confirmed the date for you.

Revised August 20th, 2008