CELEBRANT PRIEST/DEACON: _____ **WEDDING with MASS** ☐**Yes** ☐**No**
WEDDING DATE: _____TIME _____ AM/PM SPA. ENG. VIET. BILINGUAL:_____
Parish office use only

Christ Our Savior Catholic Parish
Wedding Anniversary Registration Form

PLEASE FILL OUT THE FORM COMPLETELY & PRINT CLEARLY

Christ Our Savior ID # _____ **Today's Date:** _____

Are You a Registered Parishioner? ☐ YES ☐ NO

WIFE'S INFORMATION

First Name _____ Middle Name _____ Last Name _____

DOB ____ /_____ /_____ Place of Birth: _____

Address: _____ City_____ State _____ Zip Code _____

Contact Phone # (_____) _____ Email _____

HUSBAND'S INFORMATION

First Name _____ Middle Name _____ Last Name _____

DOB ____ /_____ /_____ Place of Birth: _____

Address: _____ City_____ State _____ Zip Code _____

Contact Phone # (_____) _____ Email _____

OTHER INFORMATION

Where did the wedding originally take place? (City/ Name of Parish)

_____

When is the anniversary date? _____

How many years of marriage? _____

How many children? _____

How many grandchildren? _____

Parish office use only

Deposit ($100.00) _____ Receipt # _____

CERTIFICATE SENT ☐Yes ☐No **Book Reg. Vol. _____ Page No.:_____ By:_____**

Date	Receipt #	Account	Paid	Balance	Check#	Notes