

ST. JOSEPH THE WORKER

ROMAN CATHOLIC CHURCH

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PLEASE CLEARLY FILL THIS FORM IN CAPITAL LETTERS

GROOM		BRIDE
	Surname	
	Given Name	
	Birth date/ Age	
	Address	
	Telephone	
	Email	
	Occupation	
	Religion/Rite	
	Present Parish	
Witnesses (Must be over 16 years of age)		
Name	Address	
Name	Address	