

MARRIAGE INQUIRY - contact information

DATE REQUESTED FOR MARRIAGE:		
	MAN	WOMAN
Last Name		
First & Middle		
Street Address		
City, State, ZIP		
Home #		
Cell #		
E-Mail		
Church of Baptism		
Street Address		
City, State, ZIP		
Name of Church in which you are a registered member		
Street Address		
City, State, ZIP		
Previously Married? (yes/no)		
If previously married:		
Name of spouse		
Date of marriage		
Place of marriage		
Decree of nullity? (yes / no)		

Please complete this form and attach it to an e-mail to Deacon Dan Frescura. dfrescura@dioceseofgreensburg.org
This form is for initial contact only. We will need to schedule additional meetings to fill in other documents.