



**St. Clare Catholic Church**  
**Wedding Information - Bride**  
 (PLEASE PRINT ALL INFORMATION & EMAIL TO: PATTYM@STCLAREROSEVILLE.ORG)

<b>OFFICE USE ONLY</b>
Date received _____
Initials _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Initials _____

*St. Clare Catholic Church is excited to share in this sacrament with you.  
 Weddings will be scheduled after an initial meeting with a member of clergy and Form A is completed.*

*If you have any questions, please contact our main office at (916) 772-4717*

**Bride's Information:**

Today's Date: \_\_\_\_\_ Proposed Wedding Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Religious Affiliation:  Catholic  Other \_\_\_\_\_ Age: \_\_\_\_\_

Church Denomination: \_\_\_\_\_

**Parish Information:**

Are you a registered parishioner?  St. Clare  No  Other \_\_\_\_\_

What is your involvement in the life of the parish: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Bride: \_\_\_\_\_ Date: \_\_\_\_\_

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**St. Clare Office Notes:**

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