



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

OFFICE USE ONLY
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

Groom'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 Groom: _____ Date: _____

St. Clare Office Notes:

