

Saint Christopher Catholic Church
1000 Michigan Ave., Marysville, MI 48040
(810) 364-4100

Wedding Information Form

Bride: _____ **Religion:** _____

Phone number: _____ **Date of Birth:** _____

Groom : _____ **Religion:** _____

Phone number : _____ **Date of Birth:** _____

Email: _____

Wedding Date: _____ **Time:** _____

Celebrant: _____ **Mass** **or Scripture Service**

EMHCs Needed? : Y / N Names: _____

Altar Server: _____ **Name:** _____

Lectors Needed? : Y / N Names:

1st Reading: _____

2nd Reading: _____

Universal Prayers: _____

Gift Bearers: _____

Liturgical Musician Contacted? : Y / N Phone Number: 810-364-4100 ext. 206

Organist: _____ **Cantor:** _____

_____ Marriage Preparation class complete (certificate received).

_____ FOCCUS and Follow-Up completed (letter received from CCSEM).

_____ Sympto-Thermal NFP class completed (certificate received).

Estimated Number of Guests receiving Holy Communion: _____

Name of Bride After Wedding _____