BLESSED ALOYSIUS STEPINAC CROATIAN CATHOLIC MISSION

APPLICATION FOR MARRIAGE REGISTER

** PLEASE PRINT **

NAME OF GROOM			
(first/middle/last		ast)	
CURRENT AGE	_ BIRTHDATE	(MONTH/DAY/YEAR)	
ADDRESS			
REGISTERED PARISHIO	NER AT		
DATE OF BAPTISM		PLACE OF BAPTISM	
DATE OF FIRST COMMUNION		PLACE OF FIRST COMMUNION	
DATE OF CONFIRMATION		PLACE OF CONFIRMATION	
FATHER OF GROOM (FU	JLL NAME)		
MOTHER OF GROOM (F	ULL NAME includ	ling maiden name)	
NAME OF BRIDE			
NAME OF BRIDE	(first/middle/la	nst)	
		(MONTH/DAY/YEAR)	
ADDRESS			
REGISTERED PARISHIO	NER AT		
DATE OF BAPTISM		PLACE OF BAPTISM	
DATE OF FIRST COMMUNION		PLACE OF FIRST COMMUNION	
DATE OF CONFIRMATION		PLACE OF CONFIRMATION	
FATHER OF GROOM (FU	JLL NAME)		
MOTHER OF GROOM (F	ULL NAME includ	ling maiden name)	
Name of Witnesses 1)		2)	
		,	
Date of Marriage			
Name of Priest			
Memoranda:			

Blessed Aloysius Stepinac Croatian Catholic Mission 6346 N. Ridge Avenue Chicago, Illinois 60660 CONTACT US: Office (773) 262-0535 Mobile (414) 378-9418 Fax (773) 262-4603