

COUPLE INFORMATION FORM

WEDDING DATE/TIME: _____

BRIDE'S NAME: _____

ADDRESS: _____

PHONE #: _____

CELL #: _____

EMAIL: _____

RELIGION: _____

NUMBER OF BRIDESMAIDS: _____

COLORS: _____

GROOM'S NAME: _____

ADDRESS: _____

PHONE #: _____

CELL #: _____

EMAIL: _____

RELIGION: _____

NUMBER OF GROOMSMEN: _____

Office Use Only:

Couple Number _____ Inventory Sent _____ Homework Sent _____ Sponsor Couple _____

First Reading: _____ Psalm: _____ Second Reading: _____ Gospel: _____

PLEASE RETURN TO:

**WEDDING PLANNING
C/O ST. PATRICK CATHOLIC CHURCH
314 N RUSK AVENUE
DENISON, TX 75020**