

St. Kilian Catholic Church

26872 Estanciero Drive

Mission Viejo, CA 92691

Phone (949) 586-4440

Fax (949) 454-1043

Website: www.stkilianchurch.org

Wedding Request Form

Today's Date: _____

Groom's Information

Bride's Information

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Date of Birth: _____

Date of Birth: _____

Catholic: Yes or No (please circle)

Catholic: Yes or No (please circle)

If Non-Catholic, Religious Affiliation:

If Non-Catholic, Religious Affiliation:

First Marriage? Yes or No

First Marriage? Yes or No

Requested Wedding Date: _____

Is the bride, groom or his/her immediate family registered at St. Kilian? Yes or No

Name of Registered Family Member: _____

Please email completed form and a scanned photo of the couple to sarmstrong@stkilianchurch.org

We will contact you. Thank you!