CATHOLIC PARISH OF BUSSELTON
P.O Box 22, Busselton, WA 6280
Ph/Fax: 9752 1687

PROPOSED MARRIAGE

Date of Application ……..
Initial Information ……...

Date of Marriage: ……..
Time ……
Church ……
Celebrant ……..

	GROOM	BRIDE
SURNAME	……	……
CHRISTIAN NAMES	……	……
USUAL OCCUPATION	……	……
RESIDENCE	……	……
	……	……
TELEPHONE	……	……
EMAIL ADDRESS	……	……
CONJUGAL STATUS	……	……
BIRTHPLACE	……	……
DATE OF BIRTH	……	……
RELIGION	……	……

PLEASE CIRCLE THE CHOICES BELOW

Will you be taking the Preparation Program in **PERTH** **BUSSELTON** **ELSEWHERE**

Will you be using an **ORGANIST** or your own **CD'S** or **OTHER**

Will you be leaving two vases of flowers in the **CHURCH** or taking them onto the **RECEPTION**