

Marriage Intake Form



St Flannan's Catholic Parish
194 Handford Road Zillmere
Phone: 3265 3977
Email: stflannans@bne.catholic.net.au
Office hours: Tuesday to Friday 9am – 3pm

Bride's Information

First Name: _____ Middle Name: _____ Surname: _____

Residential Address: _____ Postcode: _____

How long at this address? _____ Conjugal Status: _____

Date of Birth: _____ Town/City of Birth: _____ State of Birth: _____

Country of Birth: _____

If born outside of Australia, total period of Australian residence: Years: _____ Months: _____

Religion: _____ Are you Baptised? Yes No Are you Confirmed? Yes No

Date of Baptism: _____ Parish of Baptism: _____

Date Confirmed: _____ Parish of Confirmation: _____

Certificates attached Birth Certificate Baptism Certificate Confirmation Certificate

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Usual Occupation: _____

Father's Full Name: _____ Father's Country of Birth: _____

Mother's Full Maiden Name: _____ Mother's Country of Birth: _____

How long have you been considering this marriage? Years: _____ Months: _____

Have you **ever** been married before? Yes No

Do you or your parent/s belong to an Eastern Catholic Rite? Yes No If yes, which Rite? _____

Groom's Information

First Name: _____ Middle Name: _____ Surname: _____

Residential Address: _____ Postcode: _____

How long at this address? _____ Conjugal Status: _____

Date of Birth: _____ Town/City of Birth: _____ State of Birth: _____

Country of Birth: _____

If born outside of Australia, total period of Australian residence: Years: _____ Months: _____

Religion: _____ Are you Baptised? Yes No Are you Confirmed? Yes No

Date of Baptism: _____ Parish of Baptism: _____

Date Confirmed: _____ Parish of Confirmation: _____

Certificates attached Birth Certificate Baptism Certificate Confirmation Certificate

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Usual Occupation: _____

Father's Full Name: _____ Father's Country of Birth: _____

Mother's Full Maiden Name: _____ Mother's Country of Birth: _____

How long have you been considering this marriage? Years: _____ Months: _____

Have you **ever** been married before? Yes No

Do you or your parent/s belong to an Eastern Catholic Rite? Yes No If yes, which Rite? _____

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Are you related to each other by blood, by marriage or by adoption? Yes No

If yes, how? _____

Are there any impediments to this marriage? Yes No

If yes, state impediments? _____

Wedding Information

Date of proposed wedding: _____

Time: _____

Place of proposed wedding: _____

Name of Priest: _____

Type of Wedding: Nuptial Mass Simple Wedding

Signatures

The information provided on this form is true and correct.

Bride's Signature: _____ Date: _____

Groom's Signature: _____ Date: _____

Please tick if you are not willing to receive future correspondence from this parish

Privacy

The privacy of all individuals is important to us and we are committed to protecting all personal information we collect and hold. Our Privacy Policy is available at <https://brisbanecatholic.org.au/privacy-policy/> or on request from the Parish Office.

Privacy Collection Statement

The parishes, schools and agencies of the Archdiocese of Brisbane (we, us or our) may collect, use and disclose personal information about you.

We collect personal information directly from you and may also collect personal information passively through our website. We collect your personal information to fulfil the mission and directions of our organisation, to administer the sacraments and provide pastoral care to you, to provide you with other services and products you are seeking, to communicate with you about the services and products we offer, to solicit donations and to comply with our legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek. We may disclose personal information about you to our parishes, schools and agencies and service providers who assist us in operating our organisation.

Parish Office Use Only:

Date of Sacrament _____

Presider _____

Church _____

Birth Certificate of Bride Yes

Baptism Certificate of Bride Yes

Confirmation Certificate of Bride Yes

Birth Certificate of Groom Yes

Baptism Certificate of Groom Yes

Confirmation Certificate of Groom Yes

Marriage Preparation Course Attended Yes

Payment Received Yes

PACS Yes

Register Yes