

St. Paul

Catholic Church

241 S. Main Street
North Canton, Ohio 44720
tel: 330-499-2201 • fax: 330-499-8106
web: stpaulncanton.org

Facility Scheduler:

- ____ Rehearsal
- ____ Bride's Room
- ____ Wedding

WEDDING INFORMATION FORM

Name _____ Age: _____ Date: _____

Address: _____

Cell: _____ Email: _____

Are you or your parents registered, active members of St. Paul's Church? Yes No

Have you received the Sacrament of Confirmation? Yes No

If no, in what parish are you registered? _____ Not registered _____

Is this your first marriage? Yes No

Person to whom engaged: _____ Age: _____

Address: _____

Cell: _____ Email: _____

Religion: _____ Church: _____

If Catholic, has he/she received the Sacrament of Confirmation? Yes No

Is this his/her first marriage? Yes No

Preferred wedding date (if available): 12:30 p.m.

2:30 p.m.

Date: _____

Preferred time of rehearsal (if available): 5:00 p.m.

6:00 p.m.

Special Instructions: _____

Please contact the parish office at (330) 499-2201
in _____ to schedule your first meeting
for marriage preparation. Thank you.

OFFICE USE ONLY

Approved By

Date