

**REQUEST FOR ASSISTANCE WITH MARRIAGE PREPARATION
AND/OR PAPERWORK**

**St. Austin Catholic Parish
2026 Guadalupe Street
Austin, Texas 78705
Telephone: 512/477-9471 – FAX: 512/477-9430**

Please Print Clearly.

Today's Date _____

BRIDE _____

GROOM _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

E-mail address _____

E-mail address _____

Telephone HM (____) _____

Telephone HM (____) _____

WK (____) _____

WK (____) _____

Mobile (____) _____

Mobile (____) _____

Religion _____

Religion _____

Current Parish _____

Current Parish _____

Are you and/or your intended spouse a registered member of St. Austin Catholic Parish? YES NO

If not, what is your connection to St. Austin's? _____

Has either of you been married before? YES NO

When are you planning to be married? _____

Name of the Church for the wedding? _____

City _____ State/Country _____

PARISH COMPLETES THE FOLLOWING:

Clergy assisting couple _____

FOCCUS administered on: _____ Discussed on: _____

Date couple completed Engaged Encounter weekend: _____

Baptismal certificates received from: Bride _____ Groom _____

(rev. 06/13)