## Information Blank

## Holy Matrimony

DATE O	F APPLICATIO	N	
GROOM'S FULL NAME			
RESIDENCE			
TELEPHONE	_OCCUPATION _	<del> </del>	
BACHELOR OR WIDOWER_			
NUMBER OF THIS MARRIAG	3E		
BAPTIZED	IN WHAT		
CONFIRMED	IN WHATDENOMINATION		
COMMUNICANT	IN WHATDENOMINATION		
AGEDATE OF BIRTH	Month	Day	Year
PLACE OF BIRTH—CITY		STATE	
FATHER'S NAME			
MOTHER'S MAIDEN NAME_	<u> </u>		
PARENTS' RESIDENCE			
BRIDE'S FULL NAME			
RESIDENCE			
TELEPHONE	OCCUPATION	<u> </u>	
MAIDEN OR WIDOW	<u></u>		
	(over)		

## HOLY MATRIMONY—Continued

NUMBER OF THIS MARRIAGE
IF WIDOW, GIVE MAIDEN NAME
IN WHAT BAPTIZEDDENOMINATION
IN WHAT CONFIRMEDDENOMINATION
IN WHAT COMMUNICANTDENOMINATION
AGEDATE OF BIRTH
PLACE OF BIRTH—CITYSTATE
FATHER'S NAME
MOTHER'S MAIDEN NAME
PARENTS' RESIDENCE
LICENSE NOWHERE ISSUED
DATE OF CEREMONYHOUR
PLACE OF CEREMONY: CHURCHCHAPELRESIDENCE
HOLY COMMUNIONORGANISTCHOIR
REHEARSALFLOWERSFEES
NAMES OF WITNESSES-1.
2
PERMANENT ADDRESS AFTER MARRIAGE
OFFICIANT

NO. 33. M-B CO.