Saint Peter
CATHOLIC CHURCH

359 West New York | DeLand | Florida | 386.822.6000

Wedding and Convalidation Preparation

Today's Date _____

Wedding? ____ Convalidation? ____ Proposed Ceremony Date _____

Ceremony at St Peter? Yes ____ No ____

PART 1: FOR ALL COUPLES

Groom (Full Name)_____

Full Address _____

Email _____

Phone _____ Age _____ D.O.B._____

Baptized Catholic? ____ Baptized Other? (Denomination) _____ Unbaptized? _____

Practicing Catholic? Yes ____ No ____ Registered at St Peter? Yes ____ (Env# _____) No ____

Prior marriages (other than this one)? No ____ Yes and Annulled ____ Yes, but not Annulled ____

If yes, civilly? ____ Another Faith Tradition? ____ (if yes, please specify) _____

If there are any other circumstances (ex., widowed, multiple marriages) please elaborate:

_____

Bride (Full Name)_____

Full Address _____

Email _____

Phone _____ Age _____ D.O.B._____

Baptized Catholic? ____ Baptized Other? (Denomination) _____ Unbaptized? _____

Practicing Catholic? Yes ____ No ____ Registered at St Peter? Yes ____ (Env# _____) No ____

Prior marriages (other than this one)? No ____ Yes and Annulled ____ Yes, but not Annulled ____

If yes, civilly? ____ Another Faith Tradition? ____ (if yes, please specify) _____

If there are any other circumstances (ex., widowed, multiple marriages) please elaborate:

_____

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Preparing at St Peter to be Married at Another Parish? *Skip to Part 2*
Preparing at Another Parish to Be Married at St Peter? *Skip to Part 3*
Preparing for Convalidation? *Skip to Part 4*

PART 2: Only for couples preparing AT ST PETER to be married at ANOTHER PARISH

St Peter Priest/Deacon preparing couple, if known _____

Ceremony Date _____ Priest/Deacon at Wedding Parish_____

Wedding Parish_____

Full Address (including country if applicable)

_____

_____

Parish Telephone_____

Parish Email _____

Please provide any specific requirements from the Parish where the wedding will take place. (Attach sheet if necessary.) List other specific requirements on page 3.

PART 3: For couples preparing AT ANOTHER PARISH to be married AT ST PETER

Ceremony Date _____ St Peter Celebrant Priest/Deacon_____

Pre-Nuptial Prep Parish_____

Priest/Deacon at that parish preparing couple_____

Full Address (including country if applicable) _____

_____

Prep Parish Telephone_____

Prep Parish Email_____

This form only opens the file for your wedding at St Peter. The parish of preparation will need to supply a completed preparation packet AT LEAST ONE MONTH PRIOR to your wedding date. List any other specific requirements on page 3.

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PART 4: FOR COUPLES WISHING TO PREPARE FOR CONVALIDATION

Current Marriage: Civil? ____ Another Faith Tradition? ____ (If yes, please specify)_____

Date of Current Marriage _____

FOR ALL COUPLES

Any other Special Considerations?

_____

_____

_____

_____

_____

_____

_____

_____

FEES

REGISTERED MEMBERS

Must be registered at St Peter Catholic Church for at least 6 months, deposit of $100

Deposit: $ _____ # _____ | Church $500 | Music: $150 | Celebrant: $100 | Total: $750

UNREGISTERED MEMBERS

Visitors of St Peter Catholic Church, deposit of $100

Deposit: $ _____ # _____ | Church $1000 | Music: $150 | Celebrant: $100 | Total: $1,250