



Saints Cyril & Methodius Roman Catholic Church
 218 Ackerman Avenue
 Clifton, New Jersey 07011
 973-546-4390 | Fax: 973-546-1252



Sacrament of Holy Matrimony

Bride

Name: _____

Sacraments Received (Please Circle): Baptism Yes | No First Communion Yes | No Confirmation Yes | No

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: (Home) _____ / (Cell) _____

Bride's Parents

Father: _____ / Mother: _____



Groom

Name: _____

Sacraments Received (Please Circle): Baptism Yes | No First Communion Yes | No Confirmation Yes | No

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: (Home) _____ / (Cell) _____

Groom's Parents

Father: _____ / Mother: _____



Wedding Date: _____ / Time: _____

Couple Desires: Marriage Ceremony with Mass _____ / Marriage Ceremony Only _____

Clergy (Priest / Deacon): _____

Language: English / Slovak / Spanish / Bilingual / Other: _____

Donation Given: \$

Cash ____ / Check # _____

Date Paid: _____