

Certificate of Marriage Request

Date: _____

Name of person requesting certificate:

Address: _____

City/State: _____

Home: () _____ - _____

Cell: () _____ - _____

Work: () _____ - _____

Bride Name: _____

Groom Name: _____

Date of Birth:

Bride: _____ City/State _____

Groom: _____ City/State _____

Wedding Date: _____

Reason for request: _____

Send this request, along with a photocopy of *your* Picture ID to:

Parish Secretary
St. Alphonsus
1429 W. Wellington
Chicago, IL 60657