

COUPLE INFORMATION FORM

WEDDING DATE/TIME: _____

BRIDE'S NAME: _____

ADDRESS: _____

PHONE #: _____

CELL #: _____

EMAIL: _____

NUMBER OF ATTENDANTS: _____

COLORS: _____

GROOM'S NAME: _____

ADDRESS: _____

PHONE #: _____

CELL #: _____

EMAIL: _____

NUMBER OF GROOMSMEN: _____

PLEASE RETURN TO:

**CATHY HARALDSEN
C/O ST. PATRICK CATHOLIC CHURCH
314 N RUSK AVENUE
DENISON, TX 75020**