

MARRIAGE CERTIFICATE-FORM D
St. Thomas Syro Malabar Catholic Diocese of Chicago

From the Parish/Mission.....

Address.....

Phone:

Email:

Marriage Reg. No..... Date.....

To the Parish Priest of.....

	Bridegroom	Bride
Baptismal Name		
First Name		
Last Name		
Family Name		
Date of Birth		
Parish of Origin		
Diocese of Origin		
Father's Name		
Mother's Name		
Minister of Marriage		

	1st Witness	2nd Witness
Baptismal Name		
First Name		
Last Name		
Family Name		
Parish		
Eparchy		
Address		

Remarks:

Please make a photo copy of this certificate and keep in the Parish.

Parish Priest..... Signature.....Seal