**ST CLEMENT OF ROME CHURCH**

**7-21 EGAN DRIVE, BULLEEN VIC 3105**

**TEL** : 9850 3262 **EMAIL** : [bulleen@cam.org.au](mailto:bulleen@cam.org.au) **WEBSITE** : stclementsparishbulleen.org.au

Marriage Registration Form

**Groom Bride**

**Full Name** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ **Full Name**

**Address**  **Address**

**Date of Birth** **Date of Birth**

**Place of Birth** **Place of Birth**

**Marital Status** **Marital Status**

**Religion**  **Religion**

**Contact Number** **Contact Number**

**Date & Time of Ceremony**

**Celebrant**