

# DIOCESAN WEDDING ANNIVERSARY PARTICIPANTS

Anniversary years ending in a **0 OR 5** to be celebrated during the calendar year of 2022.

(Note: other anniversary years will be considered in special circumstances; contact Debra Lieberg: [dlieberg@catholicdos.org](mailto:dlieberg@catholicdos.org)).

Please type or print clearly the following information\* for each participant. Make additional copies of this form as needed. **\*The way the name is listed below is how it will appear on certificates, name tags, seating tags.**

Name of Person completing form: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FIRST NAME: HUSBAND: \_\_\_\_\_ WIFE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_  
DATE OF MARRIAGE: \_\_\_\_\_ YEARS MARRIED IN 2022: \_\_\_\_\_  
CURRENTLY ATTEND: PARISH NAME & CITY: \_\_\_\_\_

2. LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FIRST NAME: HUSBAND: \_\_\_\_\_ WIFE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_  
DATE OF MARRIAGE: \_\_\_\_\_ YEARS MARRIED IN 2022: \_\_\_\_\_  
CURRENTLY ATTEND: PARISH NAME & CITY: \_\_\_\_\_

3. LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FIRST NAME: HUSBAND: \_\_\_\_\_ WIFE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_  
DATE OF MARRIAGE: \_\_\_\_\_ YEARS MARRIED IN 2022: \_\_\_\_\_  
CURRENTLY ATTEND: PARISH NAME & CITY: \_\_\_\_\_

4. LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FIRST NAME: HUSBAND: \_\_\_\_\_ WIFE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP CODE: \_\_\_\_\_  
DATE OF MARRIAGE: \_\_\_\_\_ YEARS MARRIED IN 2022: \_\_\_\_\_  
CURRENTLY ATTEND: PARISH NAME & CITY: \_\_\_\_\_

Please forward this information **no later than Friday, June 17, 2022** to:

Debra Lieberg  
Diocese of Superior  
PO Box 969  
Superior, WI 54880

If ?'s call Debra Lieberg: 715-394-0205; Fax: 715-395-3149; [dlieberg@catholicdos.org](mailto:dlieberg@catholicdos.org)