

ST. MARY'S CATHOLIC CHURCH, LEEDERVILLE

WEDDING REQUEST FORM

Date of Wedding: _____

Time of Wedding: _____

Priest / Wedding Officiant: _____

Bride: _____

Groom: _____

Bride's Address: _____

Groom's Address: _____

Telephone: _____

Mobile: _____

Email: _____

Office Use Only

Date of initial request: _____

Deposit due on: _____

Reminder letter sent: _____

Deposit paid: _____

Receipt No. _____

Balance owing: _____

Balance paid: _____

Receipt No. _____

Appointment (first): _____

Appointment (second): _____

Rehearsal: _____