



WEDDING REQUEST FORM

E-Church System
echurchsystem@gmail.com

PLEASE CLEARLY PRINT ALL INFORMATION

Today's Date _____

BRIDE _____

Address _____

City _____

State _____ Zip _____

E-mail address _____

Telephone HM (____) _____

WK (____) _____

MOB (____) _____

Religion _____

Current Parish _____

GROOM _____

Address _____

City _____

State _____ Zip _____

E-mail address _____

Telephone HM (____) _____

WK (____) _____

MOB (____) _____

Religion _____

Current Parish _____

Has either of you been married before? (circle one)

YES NO

What are your choices of a desired wedding date and time?

Date: (you may list several choices)

Time: (circle one)

1. _____

11 a.m. 2 p.m. 7 p.m.

2. _____

11 a.m. 2 p.m. 7 p.m.

3. _____

11 a.m. 2 p.m. 7 p.m.

Do you anticipate having: A Wedding Mass? ____ A Wedding without a Mass? ____ Uncertain ____

Are you requesting a particular St. Austin's priest or deacon to witness your marriage? YES NO

If yes, which one? _____

Will you be asking a visiting priest or deacon to witness your marriage? YES NO

If yes, who? _____

(If you will be asking a visiting priest or deacon to witness your marriage, the date of your wedding will be confirmed only after he has provided a letter stating that he has agreed to do so.)

Please read the following:

We understand that the date and time of our wedding will be confirmed when a church priest (or visiting clergy) has agreed to witness the marriage, and a deposit of \$250.00 has been received.

We understand that, for the purposes of weddings celebrated in Catholic Church, a parishioner is defined as a registered, financially supporting member of the parish at the time the wedding request is made, or whose parents are currently registered and contributing members of the parish.

We have been advised not to reserve a reception site, order invitations, etc. until a date and time for the wedding have been confirmed.

We have read and understand the guidelines concerning weddings in Catholic Church.

(Please acknowledge by signing here.)

THE E-CHURCH SYSTEM STAFF COMPLETES THE FOLLOWING:

Name of priest/deacon who will witness the marriage _____

Date of wedding _____ Time _____

Date of rehearsal _____ Time _____

☐ **When you have agreed to the wedding date and time, make a copy of this form (front and back), keep the original and**

► give one copy to the Front Desk Receptionist who will enter the wedding in the Master Calendar.

FOR PARISH OFFICE USE ONLY

Entered on EMS calendar _____ and in computer wedding log _____
(date) (date)

Deposit received _____ Amount _____ Check # _____
(date)

Balance received _____ Amount _____ Check # _____
(date)

(rev. 08/12)