



A ROMAN CATHOLIC COMMUNITY OF FAITH

THE CHURCH OF SAINT PAUL THE APOSTLE

Mother Church of the Paulist Fathers

Wedding Registration Form

Today's Date: _____

You will be contacted by one of the parish priests to make an appointment. The parish priest will give you information on the marriage preparation, documents, availability and fees. Please come to your appointment with a \$200 deposit to The Church of St. Paul the Apostle to reserve your wedding date and time. No date and time will be reserved until you have met with a parish priest and he formally enters your reservation and receipt of the deposit. Weddings will typically be held on Saturdays at 11 am, 1 pm or 3 pm.

Proposed Date of Wedding: _____ **Church:** _____
(month, date, year)

Applications must be submitted six months in advance

BRIDE'S NAME: _____ **RELIGION:** _____

ADDRESS: _____

PHONE: (HOME/CELL) _____ **(WORK)** _____

EMAIL: _____

GROOM'S NAME: _____ **RELIGION:** _____

ADDRESS: _____

PHONE: (HOME/CELL) _____ **(WORK)** _____

EMAIL: _____

Preferred Contact (circle one): **BRIDE** **GROOM**