

O.L.R. WEDDING REQUEST FORM

Date of Request: _____

DAY, DATE, & TIME OF WEDDING: _____

Are the Bride and Groom Catholic (Y or N): Bride _____ Groom _____

BRIDE:

Name: _____

Address: _____

E-mail: _____

Phone: _____

GROOM:

Name: _____

Address: _____

E-mail: _____

Phone: _____

CATHOLIC PARISH:

IF OUT OF TOWN - Local phone and name
of person to contact (Relation)

Name: _____

Relation: _____

Phone: _____

CATHOLIC PARISH:

IF OUT OF TOWN - Local phone and name
of person to contact (Relation)

Name: _____

Relation: _____

Phone: _____

(To confirm your wedding date, the following information is required):

Priest/Deacon preparing couple for this wedding: _____

PRESIDING PRIEST/DEACON: Church: _____
Address: _____
Phone: _____

FOR OUT OF PARISH ONLY: Permission is needed from bride's parish priest to be married @ Our Lady of the Rosary.

OFFICE COMPLETES FOLLOWING INFORMATION:

DATE DELEGATION GRANTED: _____

Pastor's approval (Y or N): _____
Signed Policy Received: _____

Date Wedding Policy Mailed: _____
Confirmed (oral, writing, in person)

Deposit received: Amount _____ Date _____ Initial _____

Balance of Fees Paid: Amount _____ Date _____ Initial _____

REHEARSAL DATE /TIME: _____

WEDDING COORDINATORS ASSIGNED: _____

Email: office@ourladyoftherosary-no.com / Phone: 488-2659 / Fax: 488-6741
Office Hours: Monday – Friday (9:00am to 2:00pm)