

## **Wedding Contract**

## Please complete this application and submit along with your deposit to hold your date.

Names of Bride and Groom:				
Date of Proposed Marriage:Time:Do you v	vant to celebrate the Eucharis	st during you	r wedding?	
Date and Time of Wedding Rehearsal are customarily scheduled th	e day before at 4PM or 5PM:	Date:	Time:	
To be performed by: (St. Francis Priest)	Visiting Clergy Name: _			
Have you and your fiancé read "Planning Your Weddings at St. Fra	ncis of Assisi? " (Yes)	_ (No)	and, do both of you	
agree to the respecting the terms of having your wedding at St.	Francis of Assisi? (Yes)	(No)	If your answer is	
"No" please explain:				
GROOM Information	BRIDE Information			
Name:				
Address:				
Phone: (Home) (Cell)	Phone: (Home)	(Ce	ell)	
Email:	Email:			
Date of Birth:	Date of Birth:			
Religion:	Religion:			
Your Present Parish:	Your Present Parish:			
Your Pastor's Name:	_ Your Pastor's Name:			_
Name of Person Preparing you for the Sacrament of Marriage:				
Phone contact of person preparing you for marriage: Phone:	Email:			
Thank you for completing this Contract. Please complete and sign to time at St. Francis of Assisi Catholic Church. Your date will not be signal payment is due within 60 days of signing this contract. Cancell St. Francis. I Affirm the Above Statements to be true and I wish	aved until this contract and yeation Policy: Non-refundable	our deposit h due to the la	nave been received in our corrections are received in our corrections.	office. The
Name:Date:	Name:		Date:	
Deposit of \$500 to hold the Date received on				

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