

PARISH of SOUTH YARRA
ST JOSEPH'S CHURCH & ST THOMAS AQUINAS' CHURCH

Wedding Booking Form

(PLEASE PRINT)

GROOM: _____

BRIDE: _____

(FULL NAME INCLUDING MIDDLE NAME)

(FULL NAME INCLUDING MIDDLE NAME)

ADDRESS: _____

ADDRESS: _____

POSTCODE _____

POSTCODE _____

PHONE Home: _____

PHONE Home: _____

Work: _____

Work: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

RELIGION: _____

RELIGION: _____

CURRENT PARISHIONER? _____

CURRENT PARISHIONER? _____

IF YES, ARE YOU A THANKSGIVING CONTRIBUTOR? _____

IF YES, ARE YOU A THANKSGIVING CONTRIBUTOR? _____

PROPOSED WEDDING – DAY: _____ DATE: _____

TIME: _____ am _____ pm

ST JOSEPH'S CHURCH or

ST THOMAS AQUINAS' CHURCH

NUPTIAL MASS or

WEDDING CEREMONY

CONTACT PERSON FOR WEDDING ARRANGEMENTS: _____

NAME OF CELEBRANT: _____ PHONE _____

PARISH: _____

PARISH OFFICE USE ONLY

Offering received: \$ _____

Date: _____ Method: _____

Bond received: \$ _____

Date: _____ Method: _____

Notice sent to Church: SJ STA

Date: _____

We would like to donate our Bond towards the Community Outreach Programs

or

We would like our bond returned to:

Cheque Made Payable To: _____

Address: _____

Postcode: _____

Direct Credit to your Bank Account: (Please complete details):

Name of Account: _____ Name of Bank Institution: _____

BSB NO: _____ Account No: _____

WE ACCEPT THE CONDITIONS OUTLINED IN THE INFORMATION BOOKLET AND AGREE TO ABIDE BY THEM.

(GROOM)

(BRIDE)

DATED this day of 2

BOND \$300

HIRE OF CHURCH \$800/\$400 (Refer to Wedding Information Booklet)

CELEBRANT \$200-300 \$..... (Preferred Amount) Alternatively, Celebrant's offering may be made in person on the day.

PAYMENT OPTIONS:

Cheque made payable to St. Joseph's South Yarra

Direct Debit of your Bank Account: (Please complete details):

Name of Account: _____ Name of Bank Institution: _____

BSB NO: _____ Account No: _____

Credit Card Payment: (Please complete details):

Name on Credit Card _____ Visa/Mastercard (Please circle)

Card No: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

PLEASE RETURN COMPLETED BOOKING FORM TOGETHER WITH PAYMENT TO:

**WEDDING SECRETARY
ST JOSEPH'S PARISH
PO BOX 21
SOUTH YARRA VIC 3141**

PARISH OFFICE USE ONLY

BOND - Return Date: _____

Cheque No: _____ EFT: _____ Amount: \$ _____

Comments
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Completed