

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? \_\_\_\_\_

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**

Payment received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Bond received: \$ \_\_\_\_\_ .....

.....

Notice sent to Church:  SJ       STA      Date: \_\_\_\_\_

PLEASE READ CAREFULLY THE ENCLOSED INFORMATION SHEET.

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

(Please tick)

**Forwarding Address for Return of Bond:**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone/s: \_\_\_\_\_

Cheque to be made payable to: \_\_\_\_\_

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

\_\_\_\_\_ (GROOM)

\_\_\_\_\_ (BRIDE)

DATED this ..... day of ..... 2 .....

**PAYMENT OPTIONS: BOND \$300 USE OF CHURCH \$220-\$660 CELEBRANT \$**

If preferred, Celebrant's offering may be made in person on the day.

Cheque made payable to St. Joseph's Parish

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: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Comments .....

Completed .....