



Cardinal Cerretti Memorial Chapel

WEDDING BOOKING REQUEST

Please return completed form to:

Charmian Frize
Cardinal Cerretti Chapel Manager
charm10@outlook.com.au

Telephone: 0418 896 959

We wish to use the Cardinal Cerretti Memorial Chapel for the celebration of our marriage.

DATE (dd/mm/yyyy): ____ / ____ / 20 ____ TIME: _____

We have read and agree to comply with the Guidelines for Weddings and we have given a copy of that document to our Celebrating Catholic Priest or Deacon.

	Bride	Groom
Family Name	_____	_____
Christian Name(s)	_____	_____
Address	_____	_____
Suburb & Postcode	_____	_____
Religion:	_____	_____
Telephone (day)	_____	_____
Telephone (night)	_____	_____
Fax:	_____	_____
Mobile:	_____	_____
Email:	_____	_____
Signature:	_____	_____

Our cheque or money order for the offering of \$ made payable to "Catholic Archdiocese of Sydney" is attached.

Or please charge my: Visa Mastercard for \$

Name on Card: _____

Card Number: _____ | _____ | _____ | _____ Expiry Date: ____ / ____

Signature: _____

Celebrating Catholic Priest or Deacon

Name: _____

Parish: _____

Telephone: _____

I have read the Guidelines for Weddings and agree to assist this couple at the celebration of their marriage and to attend to all necessary legal and canonical requirements.

Signature: _____ Date: _____