



Cardinal Cerretti Memorial Chapel

**WEDDING BOOKING REQUEST**

Please return completed form to:

Charmian Frize  
Cardinal Cerretti Chapel Manager  
[charm10@optusnet.com.au](mailto:charm10@optusnet.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: \_\_\_\_\_