



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: \_\_\_\_\_