

Wedding Request Form Attn: Christina Weber, Director Marriage and Family Life

Name of Bride:	Name of Groom:Address:			
Address:				
City:State:Zip:	City:State:Zip:			
Email:	Email:			
Phone: Home:	Phone: Home:			
Work:	Work:			
Cell:	Cell:			
Religion:	Religion:			
Current Parish:	Current Parish:			
Have either of you been married before? Circle one:	YES NO			
Please list your top 3 choices for a wedding date and timapproved time brackets	ne: See Wedding guidelines under Scheduling for			
Date: 1	Time: 1			
2	2			
	3			
3	3			

Will you be asking a visiting pries If yes, please list that perso priest part of the Diocese of Colum	n's name:		YES	NOIs this
If No, then they must submit a lett officiate at a wedding through this	-	the chancery of the Col	umbus Dioc	ese and be approved to
(If you will be asking a visiting pri will only be confirmed after he has		•		•
PLEASE READ AND ACKNOW	LEDGE			
We understand that the date and timedding appointment and a deposit		_		-
We understand that, for the purpos parishioner is defined as a register request is made, or whose parents	ed, financially	supporting member of the	he parish at	the time the wedding
We have been advised not to reswedding have been confirmed. Volument Catholic Church	We have read			
Signature of Bride: Date:		Signature of	Groom:	
Form can be returned by scanning through dropbox, mail, or collection	and emailing c			
This section to be completed by staff of	St. John Neuma	nn		
Name of priest or deacon who will witness	ss the marriage:			
Date of rehearsal:		Time:		_
Date of wedding:		Time:		_
When the wedding date & time have been give the copy to the Office Manager who				the original of this form, and
FOR PARISH OFFICE USE ONLY				
Added to Master Calendar:	(date)			
Deposit received:	(date)	Deposit amount:		Check #: