

WEDDING BOOKING FORM

PO Box 100 5 Tarrilli Street Beverly Hills NSW 2209

DATE OF MARRIAGE:

TIME:

	BRI	DEGROOM	BRIDE	
Surname				
Given names				
Usual occupation				
Usual place of residence (full address)				
Email				
Phone contacts				
Conjugal status (for example, never validly married widower, widow, divorced)				
Birthplace Date and Place of Birth				
Religion (if Catholic please specify Rite as Roman, Melkite, Maronite				
Date & Parish of Baptism				
If born outside Australia total period of residence in Australia				
Father's name in full (f not known, write 'unknown' If deceased, add deceased')				
Mother's maiden name in full (f not known, write 'unknown' If deceased, add deceased'				
Father's country of birth (if not known, insert 'unknown')				
Mother's country of birth (if not known, insert 'unknown')				
	Please Circle:	Nuptial Mass / Mar	riage Liturgy	
Notice of 6 months is required. I	Please be advised to avoid disappointme	nt it is recommended that you call the	parish office on 9554 8155 before making your reception bookings.	
DATE OF MARRIAGE:				
Once the booking fee payme that this is refundable shoul Account Name: Beverly Pa	ld I advise of any cancellati		e date of your wedding will be secured. I understand of the wedding.	d

Account Name: Beverly Parish Bank: CBA BSB: 062784 Account Number: 100001310 Description: (name of Wedding and date)

Signed:		
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To assist us with setting up the church for your ceremony could you please inform us of:

Number of Groomsmen:

Number of Bridesmaids: