

Non-Parishioner Marriage Date Request St. Mary of the Assumption, Park City, UT or St. Lawrence Mission, Heber City, UT

Fees and Payments

_____ \$1000.00 The Old Town Chapel, 121 Park Avenue, 10:00am, 12:30pm, 3:00pm, 5:30pm
Weddings will be held May through October at the Old Town Chapel

_____ \$1000.00 St. Lawrence Mission, 5S. 100W. Heber City

_____ \$2500.00 St. Mary's, 1505 W. White Pine Canyon Rd. at 10:00am & 2:00pm on Saturdays

DATE of Request: _____

Brides Name: _____ **Grooms Name:** _____

Wedding Date : _____ at: _____ a.m./p.m.

Rehearsal Date: _____ at: _____ a.m./p.m.

Wedding Location: White Pine Canyon Church: _____ **10:00am or 2:00pm Saturdays**

Old Town Chapel: _____ **10:00am, 12:30pm, 3:00pm, 5:30pm**
Weddings will be held May - October at the
Old Town Chapel

St. Lawrence, Heber City: _____ Contact office for wedding times

Name of Priest or Deacon celebrating this Ceremony: _____

Please Check one: Nuptial Mass: _____ **Catholic Nuptial Ceremony:** _____
(with out communion)

Estimated number of guests attending: _____

Dates are reserved only upon receipt of this form with payment.

Name of Priest or Deacon responsible for marriage preparation: _____

Church: _____ City and State: _____

Phone#: _____ e-mail: _____

For Office Use Only

Assigned Wedding Coordinator: _____

Notes: _____

Bride and Groom Information

Bride

Name _____

Address _____

City _____ State ____ Zip _____

Phone #s _____

E-Mail _____

Have you or your family previously registered to be members of St. Mary's? _____

Registered Family Name _____

Address _____

If not a registered member of St. Mary's, to which parish or church community do you belong?

Prior Marriage? Yes _____ No _____

If widowed, date of spouse's death _____

Father's Name _____

Mother's Name (including maiden)

Date of birth _____

City and State of birth _____

Date of baptism _____

Name of Church of baptism (City and State)

Date of confirmation _____

Name of Church of confirmation (City and State)

Groom

Name _____

Address _____

City _____ State ____ Zip _____

Phone #s _____

E-Mail _____

Have you or your family previously registered to be members of St. Mary's? _____

Registered Family Name _____

Address _____

If not a registered member of St. Mary's, to which parish or church community do you belong?

Prior Marriage? Yes _____ No _____

If widowed, date of spouse's death _____

Father's Name _____

Mother's Name (including maiden)

Date of birth _____

City and State of birth _____

Date of baptism _____

Name of Church of baptism (City and State)

Date of confirmation _____

Name of Church of confirmation (City and State)

Prior Marriage? Yes _____ No _____

If widowed, date of spouse's death _____