Parishioner Marriage Date Request
St. Mary of the Assumption, Park City, UT

Fee* & Payments

$300 Parishioner Fee—Must be REGISTERED AND ACTIVELY CONTRIBUTING to *OUR PARISH LIFE* **FOR 6 MONTHS** *BEFORE REQUESTING* **A MARRIAGE DATE.**

*Fee doesn't include musician fees.

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**

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)

Language of Service: ____ **English,** ____**Spanish,** ____**Latin**

Estimated number of guests attending: _____

Dates are reserved <u>**only upon receipt of this form with payment.**</u>

Name of Priest or Deacon responsible for marriage preparation:_____

Church: _____ City and State: _____

Phone#: _____ e-mail: _____

I attest that I have read and agree to the St. Mary's Wedding and Marriage guidelines located on the website at stmarysparkcity.com _____ Bride _____ Groom

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For Office Use Only

Assigned Wedding Coordinator:_____
Notes:_____
_____
_____

Convalidation: ____Yes or ____ No

Bride and Groom Information

Bride	**Groom**

Name _____   Name _____

Address _____   Address _____

City _____State _____ Zip _____   City _____State _____ Zip _____

Phone #s _____   Phone #s _____

E-Mail_____   E-Mail_____

Have you or your family previously registered to   Have you or your family previously registered to

be members of St. Mary's?_____   be members of St. Mary's?_____

Registered Family Name _____   Registered Family Name _____

Address_____   Address_____

If not a registered member of St. Mary's, to which   If not a registered member of St. Mary's, to which

parish or church community do you belong?   parish or church community do you belong?

_____   _____

Prior Marriage?   Yes_____   No_____   Prior Marriage?   Yes_____   No_____

If widowed, date of spouse's death_____   If widowed, date of spouse's death_____

Father's Name _____   Father's Name _____

Mother's Name (including maiden)   Mother's Name (including maiden)

_____   _____

Date of birth _____   Date of birth _____

City and State of birth_____   City and State of birth_____

Date of baptism _____   Date of baptism _____

Name of Church of baptism (City and State)   Name of Church of baptism (City and State)

_____   _____

Date of confirmation_____   Date of confirmation_____

Name of Church of confirmation (City and State)   Name of Church of confirmation (City and State)

_____   _____

Return to: St. Mary's Church, 1505 W. White Pine Canyon Rd. Park City, UT 84060