



Church of St Michael

17 St. Michael's Road
Singapore 327976

Wedding Registration Form

Congratulations!

Please complete and return this completed form to the parish office if you would like to request your wedding at the Church of St Michael. The bride/groom or their families must be of the parish to receive the Sacrament of Matrimony in our church.

A minimum of 6 months is required for marriage preparation, and a 9 months is required for interfaith or mixed marriage. Rehearsals are typically scheduled the week prior to the wedding ceremony.

Wedding date will not be guaranteed until celebrant has confirmed the date and the relevant fee received with an official receipt issued. Marriage guidelines will be given to couple by the Main celebrant.

Wedding **Date & Time** Requested: _____ @ _____

(For weddings to be held on Saturday, the latest time will be 1pm)

Please fill in Form legibly or use capital letters:

<u>BRIDE</u>		<u>GROOM</u>	
Full Name (as in IC)		Full Name (as in IC)	
Baptism Name		Baptism Name	
NRIC/Passport #		NRIC/Passport #	
Nationality		Nationality	
Religion		Religion	
Address		Address	
Email Address		Email Address	
Home & HP Phone		Home & HP Phone	
Work Place Phone		Work Place Phone	
Church of Baptism		Church of Baptism	
Have you received the Sacrament of Confirmation in the Catholic Church?	Yes / No Confirmation Name: _____	Have you received the Sacrament of Confirmation in the Catholic Church?	Yes / No Confirmation Name: _____
Had you been married before?	Yes / No	Had you been married before?	Yes / No

If yes, please fill in the following:

Were you a Catholic at time of marriage?	Yes / No	Were you a Catholic at time of marriage?	Yes / No
Country of Marriage		Country of Marriage	
Was the marriage solemnised in church?	Yes / No	Was the marriage solemnised in church?	Yes / No

<i>If yes, has annulment been granted?</i>	Yes / No	<i>If yes, has annulment been granted?</i>	Yes / No
<i>If not, is it in the process?</i>	Yes / No	<i>If not, is it in the process?</i>	Yes / No
<i>Full name of Ex-Spouse</i>		<i>Full name of Ex-Spouse</i>	
<i>Religion (if Christian, denomination?)</i>		<i>Religion (if Christian, denomination?)</i>	

Have you registered with the Registrar of Marriages for this wedding? Yes/No.
 If yes, Certificate No. _____ dated _____ .

SCHEDULE OF SUGGESTED DONATIONS

Weddings require special services of church facilities and personnel and it is necessary to involve financial responsibilities:

- \$ 200.00 Main Church usage for Mass/Service (Non-refundable if cancelled)**
- \$ 200.00 Reception facilities (if reception is to be held here).**
- \$ 100.00 Deposit for Reception (refundable upon clearance of good housekeeping).**

APPLICANTS' CONSENT

We declare the particulars submitted above are true and complete and hereby agree to use Church of St Michael's facilities for our wedding.

<u>BRIDE</u>	Name	<u>GROOM</u>
	Signature	
	Date	

CELEBRANT

Okay to confirm wedding date: YES / NO

Signature of Celebrant: _____ Date: _____

Celebrant: Please sign, date and put on your calendar.
 Keep copy for your records.

Office Use Only

Date Wedding Registration Form :- *given to celebrant:* _____
received from celebrant: _____

Wedding & Reception Schedule updated on: _____

Fees Received: \$ _____ Receipt No.: _____ dated _____

Celebrant : Rev Fr _____