

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

Name of Groom:			
Address:			
City:State:Zip:			
Email:			
Phone: Home:			
Work:			
Cell:			
Religion:			
Current Parish:			
YES NO			
e: See Wedding guidelines under Scheduling for			
Time: 1			
2			
3			

Will you be asking a visiting pri If yes, please list that per priest part of the Diocese of Col	rson's name:			NO	Is this	
If No, then they must submit a le officiate at a wedding through the	_	the chancery of the Colu	ımbus Dioc	cese and be ap	proved to	
(If you will be asking a visiting will only be confirmed after he h	=	· ·			_	
PLEASE READ AND ACKNO	WLEDGE					
We understand that the date and wedding appointment and a depe		_		-	our initial	
We understand that, for the purp parishioner is defined as a regist request is made, or whose parent	ered, financially	supporting member of the	ne parish at	the time the v	vedding	
We have been advised not to rewedding have been confirmed. John Neumann Catholic Chur	We have read		*			
Signature of Bride: Date:						
Form can be returned by scannir through dropbox, mail, or collect		eweber.saintjohn@gmail	.com or by	turning into p	arish office	
This section to be completed by staff	of St. John Neuma	nn				
Name of priest or deacon who will with	ness the marriage:					
Date of rehearsal:		Time:		_		
Date of wedding:		Time:	Time:			
When the wedding date & time have be give the copy to the Office Manager wh				the original of th	his form, and	
FOR PARISH OFFICE USE ONLY						
Added to Master Calendar:	(date)					
Deposit received:	(date)	Deposit amount:		Check #:		