



ST. FRANCIS of ASSISI WEDDING REGISTRATION FORM

BRIDE'S NAME _____ Parish _____

Address _____ City _____ State _____ Zip _____

Cell Phone: _____ Home phone: _____ Email: _____

GROOM'S NAME _____ Parish _____

Address _____ City _____ State _____ Zip _____

Cell Phone: _____ Home Phone: _____ Email: _____

Rehearsal Date _____ Time _____

Wedding Date _____ Time _____

Your wedding date is not guaranteed until you have made your appointment to meet with Father Yates or Father Pollman and you have returned this signed form along with a \$100.00 deposit within 30 days of reserving the church to: St. Francis of Assisi Parish, Attn: Bill Fulhorst, 4556 Telegraph Road, St. Louis, MO 63129

If a visiting priest will be celebrating your wedding, please send their name and contact information along with your form.

Name: _____ Parish: _____ Phone: _____

We have read and understand the Wedding Guidelines and the Fee Schedule. We agree to meet with the priest within 30 days of reserving our date.

Signature of Bride _____ Date _____

Signature of Groom _____ Date _____

Note to couple: *Please let our office know if you plan to register as members of St. Francis of Assisi parish following your marriage and we will be happy to forward a registration form to you. Our best wishes to you both!*

Office Use:

Date Received: _____ Check No. _____ Amount: _____

Date Wedding Coordinators are notified: _____