

Bring the letter from your parish that allows you to marry in the Scared Heart Chapel to your 1st Appointment.

Association with Our Lady of the Lake or the Sisters of D	Divine Providence:		
Name of Priest performing the marriage	Phone		
**************************************	NING THE WEDDING C	OUPLE*******	****
BRIDE'S NAME			
Home PH: Cell PH:	(Best time to call) Morning - Evening Em	ail Address	
Parish: Her Religio	on		
Is this your 1st marriage: Yes No If no, how v	vere you previously marrie	d? Civil Catholic	Other
GROOM'S NAME			
Home PH: Cell PH:	(Best time to call)	nail Address	
Home III cell III	Worming - Evening En	ian Address	
Parish: His Religious Is this your 1st marriage: Yes No If no, how we	on vere you previously marrie	d? Civil Catholic	Other
Bride's Parents' Name & Phone number	Groom's Parents' N	Name & Phone number: _	
Have you made an Engagement Encounter? Yes No _	Will you need a to	ur of the Chapel and Brid	de's room? Yes No
RESERVED DATES/TIMES	(Office use only To	ur Date & Time:)
PROPOSED WEDDING DATE:	TIME FROM:	TO:	CONFIRM DATES
PROPOSED REHEARSAL DATE:	TIME FROM:	TO:	CONFIRM DATES
FEES: Chapel rental fee: \$1100.00; A Deposit: \$200 (non-refundable) at the time of so *BALANCE IS DUE T	cheduling the wedding d TWO MONTHS BEFOR	ate, deposit is applic RE THE WEDDING	cable to the respective total 5.*
Date of Deposit: Deposit Amoun	nt: Casl	or Check #	
Pastor's Letter of Permission to be married at Please confirm this will be a Catholic weddin			
I have read and understand the PO Sacred Heart Conventual			
SIGNATURE OF PARTIES:	Date Signed:		
Groom:	Bride:		
OLLU Reservation Manager:		DATE:	

Revised July 1, 2017