

St. John Nepomucene Catholic Church

Facilities Use Request – Wedding

Couple:	
Parents' Names:	
Contact Name:	
Phone:	
E-mail:	
Date requested:	
Time requested:	
Priest/Deacon:	
Ceremony Language:	

Office Use Only below this line

Marriage Preparation Clearance	Form V <input type="checkbox"/>	Baptismal Certificates <input type="checkbox"/>
	FOCCUS <input type="checkbox"/>	Affidavits <input type="checkbox"/>
	Meeting with Father <input type="checkbox"/>	Meeting with counselor scheduled <input type="checkbox"/>
	Tribunal: Unnecessary _____ Decree of Nullity _____	

Calendar clearance: _____ calendar comment: _____

Marriage Preparation clearance: _____ Celebrant approval: _____

Pastor's Approval: _____ Date: _____

Regular contributing parishioner - \$450 Not a regular contributing parishioner - \$650

Diocesan Fee - \$50 **Total Fee:** _____

Date	Payment amount	Balance	Paid by	Received by

Payment Complete Signed: _____