



ST CHRISTOPHER'S PARISH

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WEDDING APPLICATION

BRIDEGROOM:

FULL NAME: _____

DATE OF BIRTH: _____

RELIGION: _____

Mobile Number: _____

RESIDENTIAL ADDRESS: _____

EMAIL ADDRESS: _____

MARITAL STATUS:

Never validly married

Widowed or Divorced

Best contact person

BRIDE:

FULL NAME: _____

DATE OF BIRTH: _____

RELIGION: _____

Mobile Number: _____

RESIDENTIAL ADDRESS: _____

EMAIL ADDRESS: _____

MARITAL STATUS:

Never validly married

Widowed or Divorced

Best contact person

WEDDING CEREMONY INFORMATION:

Please tick one

Wedding Ceremony only

Wedding Full Mass

DATE: _____

TIME: _____

CHURCH: _____

PRIEST: _____

PRIEST CONTACT NUMBER: _____