



ST. BERNARD CATHOLIC CHURCH

219 East Bridge Street - Breaux Bridge, LA 70517
(337) 332-2159

chasity@stbernardch.com

Wedding Data Sheet

Wedding Date: _____ **Time:** _____

Rehearsal Date: _____ **Time:** _____

PLEASE NOTE Rehearsals for Friday weddings are 6:30pm on Wednesday before wedding & Rehearsals for Saturday weddings are 6:30pm on Thursday before wedding

Groom's Full Name: _____
FIRST MIDDLE LAST

Bride's Full Name: _____
FIRST MIDDLE LAST

Groom's Information:

Cell # _____ Work# _____ E-Mail: _____

Church of Baptism: _____ City/State _____ Date of Birth: _____

Attends church at: _____ Parents attend church at: _____

Current Address: _____ City/State/Zip: _____

Name of Witness: _____

Bride's Information:

Cell # _____ Work# _____ E-Mail: _____

Church of Baptism: _____ City/State _____ Date of Birth: _____

Attends church at: _____ Parents attend church at: _____

Current Address: _____ City/State/Zip: _____

Name of Witness: _____

Wedding Policy Acknowledgement: We have read and understand the wedding policy and procedures of St. Bernard Catholic Church and will adhere to all that is required.

Groom's Signature Date Bride's Signature Date

WHO WILL OFFICIATE THE CEREMONY?

___ Father Garrett McIntyre

___ Father Reed Bellingham

___ Deacon Jim Davis

___ Priest/Deacon from another parish:

NAME: _____

CHURCH PARISH: _____

A letter of delegation will be sent to this priest/deacon from us. You will need to personally arrange a meeting with him.

___ Parishioner \$250

___ Former Parishioner \$500

___ Non-Parishioner \$700 Do you plan on becoming a registered parishioner ___ Yes ___ No

___ Convalidations \$150

OFFICE USE ONLY:

Copy to Priest/Deacon ___; Music Director(s) ___; Wedding Coordinator ___; Witness to Love ___

Church Fee Collected: \$ _____ Date _____ Cash/Check# _____ Receipt # _____ Initials _____

Marriage Guidelines Signed: Date _____