

Day:	Date:	Time:
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## Darra Jindalee Catholic Parish Wedding Booking Forms

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Thank you for your wedding booking at *(Please tick the church that you will be celebrating your wedding)*

- Our Lady of the Sacred Heart Church - Darra
- The Twelve Apostles Church - Jindalee
- Date of Ceremony .....

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*Please complete the form below. Once you have completed the forms you will need to contact the secretary at the parish office on 3715 8517 or email darjin@bne.catholic.net.au  
Deposit of \$100.00 must be paid with paperwork.*

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**Has either party been married before?**

No  Yes

If yes, have you obtained the required church declaration of: "Freedom to Marry"?      Yes      No

**Type of Ceremony:**      Nuptial Mass            Wedding Ceremony     

**Name of Priest/Deacon**

**Fr Daniel J Carroll**      Yes       No

**Or Name of visiting Priest:-** .....

**Religious Denomination of priest:**.....

**Authorised Celebrant No:-**..... **Ph:-**.....**Email:-**.....

**Address:-**.....

**Signed:-**.....**Date:-**.....

	Bridegroom	Bride
Surname:		
Given names:		

Residence:		
Telephone:	Home ..... Work..... Mobile .....	Home ..... Work..... Mobile .....
Email:		
Religion:		
Occupation:		
How long have you been living at your present address?		
Date of Birth		
Place of Birth: <i>Town / State</i>		
If born outside of Australia <i>Country</i> Period of residency:	..... .....	..... .....
Birth Certificate No:		
Church Sacraments:	Baptism Date..... Church..... Confirmation Date..... Church.....	Baptism Date..... Church..... Confirmation Date..... Church.....

Marriage Status	Never validly married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Never validly married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Have you been married previously? If so,  (i) Full name of former spouse.  Former partner's religion  Former partner's baptism (place, Date)  (ii) Place and date of marriage.  Was the marriage dissolved?  (iii) Place and date of spouse's death.  (iv) Place and date of decree absolute of civil divorce.  (v) Place and date of canonical decree of nullity or dissolution.  (vi) Are you seeking to convalidate this marriage?	Yes <input type="checkbox"/> No <input type="checkbox"/>  (i) .....  .....  .....  (ii) .....  Yes <input type="checkbox"/> No <input type="checkbox"/>  (iii) .....  (iv) .....  (v) .....  (vi) .....	Yes <input type="checkbox"/> No <input type="checkbox"/>  .....  .....  .....  .....  .....  .....  .....  .....
Father's Name in full:  Father's country of birth:	..... .....	..... .....
Mother's Name in full:  Mother's Maiden Name:  Mother's country of birth:	..... ..... .....	..... ..... .....
Full Name of Witnesses for your wedding day: <i>(must be 18 years and over)</i>	.....	.....

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# MUSICIAN TECHNICAL REQUIREMENTS FORM

## DARRA JINDALEE CATHOLIC CHURCH

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WEDDING DETAILS	
Surnames:	
Date of Marriage:	
Time:	
Officiated by:	
Church:	

Surnames:	
Date of Marriage:	
Time:	
Officiated by:	
Church:	

BRIDE	
Surname:	
Given names:	
Contact:	Home: .....  Work: .....  Mobile: .....  Email: .....

Surname:	
Given names:	
Contact:	Home: .....  Work: .....  Mobile: .....  Email: .....

BRIDEGROOM	
Surname:	
Given names:	
Contact:	Home: .....  Work: .....  Mobile: .....  Email: .....

Surname:	
Given names:	
Contact:	Home: .....  Work: .....  Mobile: .....  Email: .....

MUSICIANS	
Vocalist:	Full name: ..... Best contact number: .....
Musician:	Full name: ..... Best contact number: .....
Technical requirements:	Do you wish to book the church organist/vocalist/choir: <b>Yes/No</b> If yes please contact the Parish Office on 3715 8517 to discuss the options available.  Do you require the use of the sound system to play CD/mp3: <b>Yes/No</b>  Do you require the use of a microphone and sound system for presiding priest: <b>Yes/No</b>  Do you require the use of the church electric piano: <b>Yes/No</b>  Do you require the use of the church electric organ? <b>Yes/No</b>  Do you require the use of the sound system and musical equipment for musicians: <b>Yes/No</b> If yes please state exactly what equipment you are hoping the parish will provide: ..... ..... .....  Do you wish to provide your own sound system (PA/Speakers/Mixers etc)? <b>Yes/No.</b> If yes please contact the Parish Office on 3715 8517 to discuss Work Place Health and Safety considerations.

CEREMONY SET LIST	
Bridal Entry:	Title: ..... Composer: ..... Date of copyright: ..... Publisher: .....
Responsorial Psalm:	Title: ..... Composer: ..... Date of copyright: ..... Publisher: .....
Gospel Acclamation:	
Vows:	Title: ..... Composer: .....

	Date of copyright: ..... Publisher: .....
Candle service:	Title: ..... Composer: ..... Date of copyright: ..... Publisher: .....
Offertory:	Title: ..... Composer: ..... Date of copyright: ..... Publisher: .....
Holy, Holy, Holy:	
Memorial Acclamation:	
Great Amen:	
Lamb Of God:	
Communion:	Title: ..... Composer: ..... Date of copyright: ..... Publisher: .....
Signing Of The Register:	Title: ..... Composer: ..... Date of copyright: ..... Publisher: .....
Recessional:	Title: ..... Composer: ..... Date of copyright: ..... Publisher: .....