



3512 DEVINE STREET • COLUMBIA, SC 29205
 (803) 254-7646 • www.stjosephcolumbia.org

WEDDING AGREEMENT

Requested Wedding Date: _____ Requested Wedding Time: _____

Requested Rehearsal Date: _____ Requested Rehearsal Time: _____

<i>PRINT LEGIBLY</i>	GROOM	BRIDE
<i>Full Name</i>		
<i>Religion</i>		
<i>Home Address</i>		
<i>City / State / Zip</i>		
<i>Cell Number</i>		
<i>Email Address</i>		
<i>Home Church</i>		
<i>Home Church City / St</i>		
<i>Two Official Witnesses for the Parish Record</i>	Best Man	___ Maid ___ Matron of Honor

Who Will Officiate? _____

Parish Name & Address _____

Telephone _____ Email Address _____

We have thoroughly read the policies concerning the celebration of weddings at Saint Joseph. We agree to comply with these and any subsequent additions to the policy of the Parish and/or Diocese. We understand and accept the conditions that we and all members of our wedding party, as well as all people attending our wedding and/or rehearsal, must follow regarding personal conduct and the use of the parish facilities. Furthermore, we release Saint Joseph, the Diocese of Charleston, as well as their agents, from any and all claims and demands for injuries and/or damages which may or shall result while anywhere on the parish premises. We, the bride and groom, assume full financial responsibility for any lost, stolen, or damaged personal, communal, or church properties.

Signature of Groom & Date

Signature of Bride & Date

Office Use Date Received _____ By _____ Check# _____ \$ _____

Application Accepted by _____ Date _____