

St. Christopher's Cathedral Parish, Canberra

(Including St. Peter Chanel's Church, Yarralumla)
 Archdiocese of Canberra and Goulburn



Parish Office: 55 Franklin Street, Forrest ACT 2603
 Telephone: 02 6239 9846
 E-mail: cathedral@cg.org.au www.cg.org.au/cathedral

CONFIRMATION OF WEDDING BOOKING

Groom

Bride

Name:

Address:

Phone:

Religion:

Current Marital Status:.....

Date & Time of Wedding:/...../.....:.....pm. Church(circle): St Christopher's / St Peter Chanel's
 (Confirmation of a wedding booking cannot be accepted at St. Christopher's Cathedral or St. Peter Chanel's Church without the officiating celebrant's agreement, including any celebrant resident in the Cathedral parish.)

Wedding ceremony only Nuptial Wedding Mass **Nuptial Wedding Mass** includes a gospel, homily, consecration, and communion, with the selections of readings and psalms.
A wedding ceremony only includes the basics (vows and the exchange of rings) without other sacraments.

OFFICIATING CELEBRANT

I, (Celebrant's Name), wish to confirm that I have agreed to officiate at the above wedding at St. Christopher's Cathedral, Forrest / St. Peter Chanel's Church, Yarralumla.

Date:/...../..... Celebrant's Signature:

Fr/Dn. Requests the Stole Payment paid into the Central Presbytery Fund or Private Bank Acc

If you have ticked the Private Bank Account provide: BSB....., Account No....., Acc. Name:

TENTATIVE BOOKINGS ARE HELD FOR A PERIOD OF ONE MONTH ONLY

\$900 Cathedral Wedding fee includes the Stole Fee (\$150) for your chosen celebrant. The Cathedral fee can be made either by an online payment: <https://www.bpoint.com.au/payments/sccp>, Direct Bank Transfer, credit card, cash or cheque (made out to St Christopher's Parish). For bank transfer, our banking details are as follows:

Account Name: St Christopher's Cathedral Bank: Commonwealth, Manuka
 BSB Number: 062786 Account Number: 15080

Banking reference: both your Surnames/Wedding/Date of wedding (eg: Jones Smith Wedding 4.2.18). Please email a copy of the banking receipt to this office so your payment can be reconciled.

CHURCH DONATION

Credit Card Payment of \$..... (please circle) Visa / Mastercard (NOT American Express)

Name of Cardholder: Signature:

Card No.: - - Expiry Date: / CVN: