

Saint Gabriel Parish

2917 Dickinson Street
Philadelphia, PA 19146-3511
Phone: 215.463.4060
Fax: 215.755.2680
Email: rectory@stgabes.org

COST:

Church	\$650
Organist	\$150
Cantor	\$150
Sacristan	\$50
Altar Server	\$25 each



Wedding Request

**PART ONE: BRIDE**

Bride's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____

Sacraments Bride has received

- ☐ Baptism – Catholic
- ☐ Baptism – Non-Catholic
- ☐ I have never been Baptized
- ☐ First Holy Communion
- ☐ Confirmation
- ☐ Currently in RCIA
- ☐ I would like to become Catholic or finish my Sacraments
- ☐ Has not received any Sacraments

If Catholic, please record Registered Parish: _____

Faith of Bride if not Catholic: _____

Has the bride ever been married before?

- ☐ Yes If YES, how many times has the bride been married? _____
- ☐ No If YES, was an annulment granted for each prior marriage? _____

PART TWO: GROOM

Groom's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____

Sacraments Groom has received

- ☐ Baptism – Catholic
- ☐ Baptism – Non-Catholic
- ☐ I have never been Baptized
- ☐ First Holy Communion
- ☐ Confirmation
- ☐ Currently in RCIA
- ☐ I would like to become Catholic or finish my Sacraments
- ☐ Has not received any Sacraments

If Catholic, please record Registered Parish: _____

Faith of Groom if not Catholic: _____

Has the groom ever been married before?

- ☐ Yes If YES, how many times has the groom been married? _____
- ☐ No If YES, was an annulment granted for each prior marriage? _____

Wedding Plans:

Saturday times:

Desired wedding date: _____

- ☐ 10:30 AM
- ☐ 12:00 PM
- ☐ 1:30 PM

**** NO FRIDAY WEDDINGS**

Date met with Father Foley: _____ Date PNI Filed: _____

Amount of Deposit: _____ Date: _____ Paid in Full: _____

Rehearsal Date: _____ Time: _____

****PLEASE CONTACT FATHER FOLEY TO CONTINUE WITH THE PROCESS**