

Our Lady of Perpetual Help  
314 Turner Road  
Salem, Virginia 24153

Please read carefully the *Wedding Guidelines* included with this **information form**. Please print or type. Thank you.

Date \_\_\_\_\_

Name of Bride \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_

If Catholic, are you a registered member of OLPH?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date registered \_\_\_\_\_

If no, are you a member of another parish?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Parish \_\_\_\_\_

Previous marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Groom \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_

If Catholic, are you a registered member of OLPH?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date registered \_\_\_\_\_

If no, are you a member of another parish?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Parish \_\_\_\_\_

Previous marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

## *Wedding Information Form*

Preferred dates and times:

<b>Wedding</b>		<b>Wedding Rehearsal</b>	
<b>1<sup>st</sup> Choice</b>	_____	<b>11 a.m.</b>	<b>2 p.m.</b>
	Date                      Time	_____	_____
		Date                      Time	
<b>2<sup>nd</sup> Choice</b>	_____	<b>11 a.m.</b>	<b>2 p.m.</b>
<b>3<sup>rd</sup> Choice</b>	_____	<b>11 a.m.</b>	<b>2 p.m.</b>

Do you wish to have a priest from the parish officiate at your wedding?

Yes \_\_\_ No \_\_\_

If not, please give the name of the priest who has agreed to officiate:

Priest \_\_\_\_\_

Parish \_\_\_\_\_

If this is an ecumenical or interfaith wedding, would you want clergy from another church or faith to participate in your wedding?      Yes \_\_\_ No \_\_\_

(Arrangements can also be made for the wedding to be celebrated in the house of worship of the non-Catholic party with a priest participating in the service. The preparation is identical to that required for a wedding in a Catholic church.)

Thank you for your cooperation in filling out this form. You will be contacted as soon as your application has been reviewed. Please return this form to:

**OLPH Church Office  
314 Turner Road  
Salem, Virginia 24153**

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*OLPH Office Use*

Form received (date): \_\_\_\_\_

Priest/deacon assigned: \_\_\_\_\_

Confirmation of date communicated:    By phone \_\_\_    By letter \_\_\_

on (date): \_\_\_\_\_

by: \_\_\_\_\_

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_