

**Sacred Heart Church**  
 2889 Lincoln Ave.  
 Altadena, CA 91001  
 Ph. (626)794-2046 Fax (626)794-8315

**WEDDING / ANNIVERSARY Form**



Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Time: \_\_\_\_\_

Name of the Groom: _____	Name of Bride: _____
Address: _____ _____	Address: _____ _____
Home Phone: (____) _____	Home Phone: (____) _____
Cell: (____) _____	Cell: (____) _____
Work: (____) _____	Work: (____) _____

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:**

\* I understand the full payment must be made 2 weeks prior to the date of the Wedding. **Failure to do so will result in possible cancellation of Mass.** I also understand that the payments do not include music nor flower arrangements.

\* Yo entiendo que la Misa debe estar pagada 2 semanas antes de la celebración de la boda. **Si yo fallo en pagar la misa dos semanas antes habrá una posible cancelación.** También entiendo que el pago de la misa no incluye el pago de las charlas, arreglos florales, decoraciones, y música.

¡Muchas gracias!

<b>OFFICE USE ONLY</b>				TOTAL DUE: PARISHIONER \$600 NON-PARISHIONER \$700			
DEPOSIT \$50	DATE _____	INITIALS _____	RECIEPT NO. _____	DEPOSIT \$50	DATE _____	INITIALS _____	RECIEPT NO. _____
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