



CATHEDRAL CHAPEL of ST. VIBIANA

ROMAN CATHOLIC CHURCH SINCE 1927

"Like living stones, let yourselves be built into a spiritual house..." (1Peter 1:5)

MARRIAGE REGISTRATION FORM

Congratulations on your engagement!

Please complete and return this form to the parish office if you wish to request your wedding at Cathedral Chapel of St. Vibiana Church. A minimum of 6 months is required for marriage preparation.

Please print clearly

Today's date _____

BRIDE'S INFORMATION

Full Name: (First) (Last)		Email Address:	
Address:		City, State, Zip:	
Home Phone:	Cell Phone:	Work:	
Date of Birth:		City of Birth:	
Religion:	Please check all that apply: <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> RCIA <i>(Please provide copies of all Sacraments received)</i>		
<input type="checkbox"/> First Marriage	<input type="checkbox"/> Previous Marriage <i>If checked, has annulment been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit letter of annulment.</i> <i>If not, is it in process? <input type="checkbox"/> Yes <input type="checkbox"/> No Deceased? _____</i>		
Father's Name: (First) (Last)		Mother's Name: (First) (Last) (Indicate Maiden Name)	

GROOM'S INFORMATION

Full Name: (First) (Last)		Email Address:	
Address:		City, State, Zip:	
Home Phone:	Cell Phone:	Work:	
Date of Birth:		City of Birth:	
Religion:	Please check all that apply: <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> RCIA <i>(Please provide copies of all Sacraments received)</i>		
<input type="checkbox"/> First Marriage	<input type="checkbox"/> Previous Marriage <i>If checked, has annulment been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No Submit letter of annulment.</i> <i>If not, is it in process? <input type="checkbox"/> Yes <input type="checkbox"/> No Deceased? _____</i>		
Father's Name:		Mother's Name: (First) (Last) (Indicate Maiden Name)	

Church: 923 S. La Brea Avenue, Los Angeles, CA 90036

Parish Office/Mailing Address: 926 S. Detroit Street, Los Angeles, CA 90036

Tel: (323) 930-5976 † Fax: (323) 935-7308 † Email: parish@cathedralchapel.org † cathedralchapel.org



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Wedding date will not be guaranteed until all the required documents are received, celebrant has confirmed the date and full fee is received.

Standard wedding ceremony time is Saturday between 11:00am & 2:00pm.

<p>PARISHIONER: \$1,000 Deposit of \$200 is required credited towards full balance (non-refundable). Administrative Services: \$300 Church Operational Services: \$700 <i>*You must be a registered parishioner for at least 6 months to take advantage of the parishioner rate.</i></p>	<p>NON-PARISHIONER: \$1,500 Deposit of \$200 is required credited towards full balance (non-refundable). Administrative Services: \$500 Church Operational Services: \$1,000</p>
<p>MARRIAGE PREPARATION ONLY: Deposit of \$100 is required (non-refundable).</p>	
<p>Parishioner: \$350 <i>*You must be a registered parishioner for at least 6 months to take advantage of the parishioner rate.</i></p>	<p>Non-Parishioner: \$500</p>
<p>ADDITIONAL REQUIREMENTS NOT RELATED TO THE PARISH</p>	
<p>1. Engaged Encounter Weekend <i>The Archdiocese of Los Angeles requires that couples who have never been married attend the Engaged Encounter Weekend. It is a two day retreat to help couples prepare for marriage, learn more about each other and gain important relationship skills to build a successful marriage. Contact Archdiocese of Family Life, 213-637-7250.</i></p>	
<p>2. Professional Psychological Readiness: May be required.</p>	

REQUESTED DATE OF MARRIAGE:	TIME OF CEREMONY:
Church or Diocese Location:	
Other Requests:	
Are you and your fiancée currently living together? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you married by state? <input type="checkbox"/> Yes, State of _____	
Are you registered in this Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to become a Parishioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY:		
Payment Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Form of payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash	
	Check #	Date:
Recorded in Parish Book:	Volume No.	Page No.
Certificate Issue Date:	<input type="checkbox"/> Mailed <input type="checkbox"/> Picked Up	

I have read the marriage guidelines and testify that the above information is accurate.

Signatures: _____ and _____ CCSV.Oct2021