



# THE SHRINE OF OUR LADY OF MERCY “PENROSE PARK”

## Trustees of the Pauline Fathers and Brothers

Address: 120 Hanging Rock Road, Sutton Forest NSW 2577  
Postal Address: C/O Post Office, Berrima NSW 2577  
Phone: (02) 4878 9192 Email: penrosepark@osppe.org.au  
Website: www.penrosepark.com.au

### Wedding Booking Form

### Marriage Ceremony

**This form is to be completed and returned to the Shrine Office along with the Memorandum of Understanding. For the booking to be confirmed payment in full has to be made 1 month after the submission of these forms and a receipt number is given. Failure to do so may result in the cancellation of the tentative booking or the date being given to another couple.**

**Date of Wedding:** \_\_\_\_/\_\_\_\_/\_\_\_\_, Shrine Church of Our Lady of Mercy, Penrose Park, **Time:** \_\_\_\_\_

**Type of Service (Please circle):** *Within Mass / Ceremony Only* (Lenten Season - Ceremony only)

**Will you be bringing your own Priest? (Please circle):** Yes\* / No (\*Please fill out the bottom of the page)

#### **Bridegrooms Particulars**

**Surname:** \_\_\_\_\_ **Christian Name(s)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Address:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Have you been previously married? (Please circle):** Yes / No

#### **Brides Particulars**

**Surname:** \_\_\_\_\_ **Christian Name(s)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Address:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Have you been previously married? (Please circle):** Yes / No

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**We have read and signed the Memorandum of Understanding and agree to the terms and conditions for our wedding to be booked and take place at the Shrine of Our Lady of Mercy, Penrose Park. We also agree to the terms of full payment to the Shrine to confirm the booking and understand the conditions in regards to cancelling or forfeiting the bond.**

**Shrine Church: \$1500, Bond (refundable): \$500, Celebrants fee: \$500**

**Bridegrooms signature:** \_\_\_\_\_ **Brides signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* Please fill in if you are bringing your own Priest to celebrate the wedding**

**Celebrant:** \_\_\_\_\_ **WWCC:** \_\_\_\_\_ **ACMR:** \_\_\_\_\_