SAINT MARY'S ABBEY
Information Form

WEDDING: ***Requested*** Date_____ Time: _____

REHEARSAL: ***Requested*** Date_____ Time: _____

NAME: _____ _____
(*Bride*) (*Groom*)

ADDRESS: _____ _____

_____ _____

TELEPHONE: _____ _____

E-MAIL: _____ _____

RELIGION: _____ _____

PARISH: _____ _____

_____ _____

NAME OF PRIEST/DEACON OFFICIATING: _____

Check one:
Wedding Ceremony_____ OR Nuptial Mass _____

We have read the *Regulations for Weddings* in the abbey church and agree to the stated policies.

_____ _____
(Bride) *(Groom)*

Please return promptly to:

Rev. Hilary O'Leary, O.S.B.
St. Mary's Abbey/Delbarton
230 Mendham Road
Morristown, NJ 07960