

**WE HAVE REVIEWED THE MARRIAGE PREPARATION/WEDDING BOOKLET
AND AGREE TO FOLLOW THE POLICIES CONTAINED IN IT.**

Name of Bride: _____

Signature: _____

Address _____

City/State/Zip: _____

Cell Phone Number: _____

E-mail Address: _____

St. Matthew Church parishioner: yes no

Name of Groom: _____

Signature: _____

Address: _____

City/State/Zip: _____

Cell Phone Number: _____

E-mail Address: _____

St. Matthew Church parishioner: yes no

This page may be typed and saved to your desktop. Complete and send electronically to bvonau@stmatthew.net or mail to:

St. Matthew Church
Attention: Mrs. Beth Vonau
807 Havens Corners Road
Gahanna, OH 43230

Please call the parish office at (614) 471-0212 to schedule an appointment with a priest after you have completed and returned this agreement.