Holy Family Catholic Church

Event Registration Form

Name	Contact Phone Number
E-mail	Address

Type of Event Requested

☐ *Wedding* **Fee $500, 50% Deposit Required**	☐ *Renewal of Wedding Vows:* **(Private) Fee $300, 50% Deposit required**
☐ *Quinceanera* **Fee $400 50% Deposit Required**	☐ *Renewal of Wedding Vows* **(At Mass): Fee $150**
☐ *Baptism* **$150 Full amount paid at preparation class**	☐ *Memorial Mass / Service* **Fee $150 50% Deposit Required.** **Minimum 2 week notification required.**

☐ *Mass Intentions:* **☐Prayer for the Sick ☐Death Anniversary ☐Marriage Anniversary**

$10 Per Mass, Per Person.

****Minimum 1 week notification required unless unexpected circumstances such as death, sudden illness, family emergency etc.****

Printed Name	Signature Date:

Church Use Only

Deposit Paid: ☐ Yes ☐ No $ Date paid:	Date of Event	Time
Review By Church Official Title: Signature:		Date

Additional Information

HOLY FAMILY CATHOLIC PARISH

200 Antonina Avenue • American Canyon, CA 94503
Tel: (707) 645-9331 • Fax: (707) 731-1637
E-mail: HolyFamily.AmCan@gmail.com
www.HolyFamilyCatholicChurch-AmCan.org

LETTER OF GOOD STANDING

This is to state that:

Name_____

Address_____

City_____State_____Zip Code_____

☐ Is registered in this Parish and is a practicing Catholic and may:

☐ Is not a registered Parishioner but lives within Parish boundaries and may:

- ☐ Act as a Sponsor for:
  - ☐ Baptism
  - ☐ Confirmation
  - ☐ First Holy Communion

☐ Have child baptized at_____

☐ To our knowledge *has / has not* attended our Baptism preparation class.

☐ Have child confirmed at_____

☐ Have marriage performed at_____

☐ This is not a warranty of Freedom of Marriage.

Church Seal

_____
Pastor / Associate

Date:_____