

OCDS Central Office, Carmelite House of Prayer, P. O. Box 347, Oakville, CA 94562

GROUP NAME	_____
-or- COMMUNITY NAME	_____
ADDRESS	_____
WHERE PERFORMED	_____
CEREMONY DATE	_____

1. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

2. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

3. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

4. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

5. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

6. **NAME** _____
(Name of Patron Saint or Paschal Mystery of Choice)

ADDRESS _____
 ADMISSION **TEMPORARY PROMISE** **DEFINITIVE PROMISE** **VOWS**

(Officiating Priest's Signature)

(Print in CAPS - Name of Priest)