

BRIDE'S LAST NAME

GROOM'S LAST NAME

ST. JOHN CHAPEL
PRELIMINARY REGISTRATION FORM

STAFF NAME: Janet Gruley DATE OF CONTACT: _____

Email: gruley.janet@theretreatcenter.org FAX: 734.414.1150

PREFERED WEDDING DATE: _____ TIME: _____ AM PM

Chapel dates cannot be guaranteed or confirmed until all required documents are submitted and approved.

BRIDE'S NAME:	_____		_____	
	<i>Last Name</i>		<i>First Name</i>	
ADDRESS:	_____		_____	_____
	<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
RELIGION:	_____		BAPTIZED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARISH REGISTERED IN:	_____			
PRIOR MARRIAGE(S):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CIRCUMSTANCES: _____	
DAYTIME PHONE NUMBER:	_____		ALTERNATE PHONE NUMBER: _____	
E-MAIL ADDRESS:	_____		BIRTHDATE: _____	

GROOM'S NAME:	_____		_____	
	<i>Last Name</i>		<i>First Name</i>	
ADDRESS:	_____		_____	_____
	<i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
RELIGION:	_____		BAPTIZED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARISH REGISTERED IN:	_____			
PRIOR MARRIAGE(S):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CIRCUMSTANCES: _____	
DAYTIME PHONE NUMBER:	_____		ALTERNATE PHONE NUMBER: _____	
E-MAIL ADDRESS:	_____		BIRTHDATE: _____	

Will you be bringing in your own presider for your ceremony? Yes No Undetermined
(Couples requesting a presider be assigned by St. John will complete their marriage preparation at St. John)

Will your reception be held at The Inn at St. John's? Yes No Undetermined
If yes, do you have a tentative contract? Yes No

Department Use Only

NOTES: _____