

BRIDE'S LAST NAME

GROOM'S LAST NAME

ST. JOHN CHAPEL  
PRELIMINARY REGISTRATION FORM

STAFF NAME: Janet Gruley

DATE OF CONTACT: \_\_\_\_\_

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PREFERRED WEDDING DATE: \_\_\_\_\_ TIME:  AM  PM

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

BRIDE'S NAME:	_____		_____	
	Last Name		First Name	
ADDRESS:	_____		_____	
	Street		City	State Zip
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:	_____		_____	
	Last Name		First Name	
ADDRESS:	_____		_____	
	Street		City	State Zip
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

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

St. John Chapel . 44011 Five Mile Road . Plymouth, MI 48170

NOTES: \_\_\_\_\_