

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](mailto:gruley.janet@theretreatcenter.org) FAX: **734.414.1150**

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

**Chapel dates cannot be 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

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: \_\_\_\_\_