



ST. GENEVIEVE PARISH WEDDING INTAKE FORM

Groom: _____ (First, Middle, Last) **Bride:** _____ (First, Middle, Last)

Address: _____

Phone: _____

DOB: _____

Religion: _____

Baptism: Yes No
Church: _____

Confirmation: Yes No
Church: _____

Email: _____

St. Genevieve Parishioners: Yes No
If not which parish _____

Parents: _____

Date of Wedding preference: _____ **Time:** _____

Rehearsal Date: _____ **Time:** _____

Officiant: _____ **Phone #:** _____

Letter of suitability _____ (if applicable) Date Officiant accepts wedding: _____

***Officiant must call the church office before date is permanently put in calendar.

Witnesses (for marriage license) _____

Previous marriage (Date, place, annulled?)

Wedding Coordinator: _____ **Phone:** _____

Wedding Directives book received, read and accepted: _____ (signature and date)

FOCCUS letter sent to: _____ Date: _____

Ceremony: UNITY CANDLE: Yes No **FLOWERS TO MARY:** Yes No

+++++ FOR OFFICE USE ONLY +++++

Total Amount Due: _____ Deposit \$: _____ Date: _____ By: _____

Balance due: _____ Date Paid: _____ By: _____

Intake taken by: _____ Date: _____

****Notes on reverse side**