

# FORT GEORGE G MEADE CHAPEL WEDDING APPLICATION

(Please fill out completely)

## Wedding Party:

Active\_\_\_ Reserve\_\_\_ Rank \_\_\_\_\_ Retiree\_\_\_ DOD Civilian\_\_\_ Dependent \_\_\_ Chapel Attendee \_\_\_

If Chapel Attendee, Which Chapel Service Do You Attend? \_\_\_\_\_

**Bride's Name** \_\_\_\_\_ Faith Preference \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Military Unit \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Groom's Name** \_\_\_\_\_ Faith Preference \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Military Unit \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Chapel Preference:** Main Post Chapel (125)\_\_\_ Argonne Hills (500) \_\_\_ Cavalry Chapel (150) \_\_\_

## Date/Time Preference:

Rehearsal Date \_\_\_\_\_ Time \_\_\_\_\_

Wedding Date \_\_\_\_\_ Time \_\_\_\_\_

## Officiating Chaplain or Clergy: \_

Name \_\_\_\_\_ Military \_\_\_ Civilian \_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

\*Date Installation Chaplain Approved Civilian Clergy \_\_\_\_\_

## Catholic Couples:

Canonical Investigation Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

## Cleaning Team Contact:

\*Name \_\_\_\_\_ Phone \_\_\_\_\_

## Statement of Agreement:

We have completely read and fully understand the memorandum on wedding requirements and procedures. We also understand that until all the requested information above is provided, our wedding rehearsal and ceremony are only tentatively scheduled on the events calendar.

## Signatures:

Bride \_\_\_\_\_ Date \_\_\_\_\_

Groom \_\_\_\_\_ Date \_\_\_\_\_

\*Sponsoring Chaplain \_\_\_\_\_ Date \_\_\_\_\_

Officiating Chaplain or Clergy \_\_\_\_\_ Date \_\_\_\_\_

Calendar Scheduler \_\_\_\_\_ Date \_\_\_\_\_

(Revised – 8 May 2019)

## WEDDING CHECKLIST

INFORMATION REQUESTED	RESPONSE
<b>WEDDING DATE</b>	
<b>REHEARSAL DATE</b>	
<b>CIVIL CEREMONY – YES/NO</b>	
<b>CHAPEL PREFERENCE</b>	
<b>PERSONAL INFORMATION</b>	
FULL NAMES (Groom & Bride)	
BRANCH OF SERVICE/STATUS	
HOME ADDRESS	
CELL PHONE NUMBER	
WORK PHONE NUMBER	
E-MAIL ADDRESS	
<b>ADDITIONAL INFORMATION</b>	
APPLICATION TURNED IN AND APPROVED	
OFFICIATING/SPONSORING CHAPLAIN	
PRE-MARITAL COUNSELING CERTIFICATION	
COURT DOCUMENTS TO CHAPLAIN	
VISITORS CONTROL FORM/GUESTS (as needed)	
CLEANING TEAM CONTRACT	
ORGANIST/PIANIST	

(Revised – 8 May 2019)