

PRELIMINARY REGISTRATION FORM

Bride's Last Name | Groom's Last Name

STAFF NAME: Janette Villeneuve TODAY'S DATE:

STAFF CONTACT: Email: jvilleneuve@stjohnsgc.com Direct Dial: 734.414.1104 FAX: 734.414.0606

PREFERRED WEDDING DAY & 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: CATHOLIC, LATIN RITE CATHOLIC, EASTERN RITE OTHER
BAPTIZED: YES NO CONFIRMED: YES NO
PARISH REGISTERED IN:
PRIOR MARRIAGE(S): YES NO CIRCUMSTANCES:
IF YES: HAS ANNULMENT BEEN GRANTED? YES NO IS IT IN THE PROCESS? YES NO
DAYTIME PHONE: ALTERNATE PHONE:
E-MAIL ADDRESS: BIRTHDATE:

GROOM'S NAME: Last Name First Name
ADDRESS: Street City State Zip
RELIGION: CATHOLIC, LATIN RITE CATHOLIC, EASTERN RITE OTHER
BAPTIZED: YES NO CONFIRMED: YES NO
PARISH REGISTERED IN:
PRIOR MARRIAGE(S): YES NO CIRCUMSTANCES:
IF YES: HAS ANNULMENT BEEN GRANTED? YES NO IS IT IN THE PROCESS? YES NO
DAYTIME PHONE: ALTERNATE PHONE:
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

NOTES: