



Saint James Catholic  
Church

# Wedding Intake Form

For Office Use Only

Name of Bride: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Parishioner ☐ Non-Parishioner ☐ Child of Parishioner

Bride's Address \_\_\_\_\_ Email: \_\_\_\_\_

Bride's Religion \_\_\_\_\_

Name of Groom: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Parishioner ☐ Non-Parishioner

Groom's Address: \_\_\_\_\_ Email: \_\_\_\_\_

Groom's Religion \_\_\_\_\_

Desired Date of Wedding \_\_\_\_\_ Time ☐ 10AM ☐ Noon ☐ 2PM

*NOTE: Date is not guaranteed until you have spoken to the priest and received confirmation from Office*

Will the Wedding Take Place at St James? ☐ Y ☐ N

If Not, Where? \_\_\_\_\_

Will the Preparation take Place at St .James? \_\_\_\_\_

If Not, Where? \_\_\_\_\_

Is a specific Priest requested?: \_\_\_\_\_

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TYPE OF SERVICE REQUESTED: Mass ☐ Ceremony ☐

Clergy Assigned: \_\_\_\_\_

Rehearsal, Date/Time: \_\_\_\_\_

## COORDINATION:

Deposit Received (\_\_\_\_\_) Placed on Calendar (\_\_\_\_\_)

Call made for Altar Servers (\_\_\_\_\_) Call to Sacristan (\_\_\_\_\_)

Organist: \_\_\_\_\_ Cantor: \_\_\_\_\_

General Notes: \_\_\_\_\_