



Saint James Catholic Church
Wedding Intake
Form

For Office Use Only

Name of Bride: _____ Phone: _____

Parishioner Non-Parishioner

Bride's Address _____ Email: _____

Bride's Religion _____

Name of Groom: _____ Phone: _____

Parishioner Non-Parishioner

Groom's Address: _____ Email: _____

Groom's Religion _____

Date of Wedding _____ Time of wedding? 10AM Noon 2PM

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: _____