

The Grosse Pointe Academy

W E D D I N G S

Wedding Application

WEDDING DATE REQUESTED: _____ REHEARSAL DATE REQUESTED: _____

PLEASE CHECK ONE:

Catholic Chapel Ceremony Outdoor Ceremony Outdoor Reception

COUPLE CONTACT INFORMATION:

NAME: _____ NAME: _____

EMAIL: _____ EMAIL: _____

PHONE: _____ PHONE: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

FOR CATHOLIC WEDDING:

PREVIOUSLY MARRIED?: _____ PREVIOUSLY MARRIED?: _____

IF SO, HOW RESOLVED?: _____ IF SO, HOW RESOLVED?: _____

RELIGION: _____ RELIGION: _____

BAPTIZED: _____ BAPTIZED: _____

PRIEST/DEACON TO OFFICIATE: _____

GPA INTERNAL USE:

DEPOSIT/CONTRACT RECEIVED: _____