



LOYOLA CHAPEL WEDDING REGISTRATION

Date of Wedding: _____ Time (start/end): _____

Date of Rehearsal: _____ Time (start/end): _____

Fiancée:

Name: _____

Address: _____

City: _____ **Prov/State:** _____ **Postal:** _____

Email: _____

Phone (Cell): _____ **(Home):** _____

If out of town: **Local Contact:** _____ **Phone** _____

What is your relationship with the Chapel or Concordia? _____

Fiancé:

Name: _____

Address: _____

City: _____ **Prov/State:** _____ **Postal:** _____

Email: _____

Phone (Cell): _____ **(Home):** _____

If out of town: **Local Contact:** _____ **Phone** _____

What is your relationship with the Chapel or Concordia? _____

Celebrant: _____ **License number:** _____

Faith denomination: _____ **Not Applicable (N/A):** _____

Name: _____

Address: _____

City: _____ **Prov/State:** _____ **Postal:** _____

Email: _____

Phone (Cell): _____ **(Office):** _____