

INFORMATION FOR A WEDDING SERVICE

Date for the Wedding _____ Time _____ Number of guests _____

This form must be completed before the first wedding appointment meeting and returned to the administrator@stowemountainchapel.org. The Resident Chaplain will counsel the couple and arrange an officiant.

FULL NAME OF SPOUSE _____

Address _____

Phone _____

Email _____

Affiliation with a Faith Community? _____ yes _____ No

If so: _____

Date of Birth _____

Place of Birth _____

Previous Marital Status _____

FULL NAME OF SPOUSE _____

Address _____

Phone _____

Email _____

Affiliation with a Faith Community? _____ yes _____ No

If so _____

Date of Birth _____

Place of Birth _____

Previous Marital Status _____

I HEREBY GRANT THE STOWE MOUNTAIN CHAPEL PERMISSION TO USE MY LIKENESS IN A PHOTOGRAPH, VIDEO, OR OTHER DIGITAL MEDIA IN ANY OF THEIR PROMOTIONAL OR ADVERTISING CAMPAIGNS.

Yes _____ Signature _____