St. Genevieve Catholic Church
985-446-5571

WEDDING INTAKE FORM

Groom:	Bride:
(First, Middle, Last)	(First, Middle, Last)
Address:	Address:
Phone:	Phone:
Email:	Email:
Religion:	Religion:
Church Parish:	Church Parish:
Church of Baptism: (include city & state)	Church of Baptism: (include city & state)
Church of Confirmation: (include city & state)	Church of Confirmation: (include city & state)
Parents: (include mother's maiden name)	Parents: (include mother's maiden name)

Witnesses: (First, Middle, Last, for marriage license)

Wedding Date Preference:	**Time of Ceremony:**
Rehearsal Date:	Rehearsal Time:
Previous Marriage (Date, Place, Annulled?):	
Officiant:	Phone:
Email:	Date Accepted By Officiant:
Letter of Suitability: (if applicable) ☐	Date Approved by Pastor:
Wedding Coordinator:	Phone:
Musician(s):	Phone:

*St. Genevieve does not provide a coordinator or musician for either the rehearsal or wedding ceremony.

Wedding Directives booklet received, read and accepted:

(signature & date)	(signature & date)
FOCCUS letter sent to:	Date:
Marriage Retreat:	Flowers to Mary ☐

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Total Wedding Fee Due: ☐ **$200 (registered)** ☐ **$400 (non-registered)**

Deposit: $ _____ Date: _____ Rec. by: _____
(initial)

Balance Paid: $ _____ Date: _____ Rec. by: _____
(initial)

Wedding Intake Received by:

_____ Date: _____
(signature)