

Initial contact notes: _____

TO BE FILLED OUT DURING FIRST INTERVIEW:

Name of Witness: _____ Address: _____

Name of Witness: _____ Address: _____

Couple's residence after marriage: _____

REHEARSAL: Date: _____ Time: _____

Number of Rings: _____ Number of guests: _____

Place of reception: _____

DETAILS OF SERVICE: With Eucharist: _____ Without: _____

Notes: _____

Readings: _____

Music: _____

		Received		
		Yes	No	Received
DEPOSIT WITH APPLICATION	\$100.00			_____
ST. JUDE'S CHURCH FEE (\$600 less initial deposit):	\$500.00	_____	_____	_____
ALTAR GUILD FEE: (payable to St. Jude's Altar Guild)	\$100.00	_____	_____	_____
CLERGY HONORARIUM:	\$400.00	_____	_____	_____
ORGANIST FEE:	\$300.00	_____	_____	_____
BELL RINGER FEE:	\$ 75.00	_____	_____	_____
	License			_____