

**CHAPEL OF THE RESURRECTION
MARRIAGE SERVICE APPLICATION FORM**

For Chapel Office use only

Approved wedding date: _____ Time: _____

Approved rehearsal date: _____ Time: _____

Wedding Date Requested: _____ Time: _____

Alternative Wedding Dates: _____ Time: _____

Bride's Name _____

Address _____

Street

Apt. Number

City

State

Zip Code

Telephone: Residence _____/_____ Office: _____/_____

Mobile: _____/_____ Email address _____

Valparaiso University Graduate: Yes. Year attended: _____ through: _____ No

Are either of your parents currently on the faculty or staff of Valparaiso University?
(Please list names and positions).

Groom's Name _____

Address _____

Street

Apt. Number

City

State

Zip Code

Telephone: Residence _____/_____ Office: _____/_____

Mobile: _____/_____ Email address _____

Valparaiso University Graduate: Yes. Year attended: _____ through: _____ No

Are either of your parents currently on the faculty or staff of Valparaiso University?
(Please list names and positions).

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Officiating Clergy Name: _____

Phone Number: _____ Email: _____

Weddings will not be scheduled until this application is approved by the Chapel staff.

When the application is approved, all applicable fees must be paid **before** the rehearsal and wedding dates are entered on the chapel calendar.

Certification of liability insurance is required and has to be submitted to the Chapel office at least 30 days prior to your wedding date. Please see the guidelines for details.

I have read the information and guidelines concerning Marriage Services conducted in the Chapel of the Resurrection, and agree to abide by these principles and guidelines if this application is approved and a service is scheduled. I am also aware that proof of liability insurance is required at least 30 days before the scheduled day of the wedding.

Signed: _____ Date: _____
Bride

_____ Date: _____
Groom

Please return the completed form to:

Chapel of the Resurrection
 1600 Chapel Drive
 Valparaiso University
 Valparaiso, IN 46383

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Form Received:

Rental Fee:	Payment Received Date:	Check No.:	VU Receipt No.:
Required Service Fee: \$300.00	Payment Received Date:	Check No.:	VU Receipt No.: