

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

**For Chapel Office use only**

Approved service date: \_\_\_\_\_ Time: \_\_\_\_\_

Approved rehearsal date: \_\_\_\_\_ Time: \_\_\_\_\_

**Wedding Date Requested:** \_\_\_\_\_ Time: \_\_\_\_\_

**Alternative Wedding Dates:** \_\_\_\_\_ Time: \_\_\_\_\_

**Bride's Name** \_\_\_\_\_

Address \_\_\_\_\_  
StreetApt. 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 \_\_\_\_\_  
StreetApt. 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 service 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 service 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: \$350.00	Payment Received Date:	Check No.:	VU Receipt No.: