

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

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

For Chapel Office Use Only

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.: