

(This section for office use only)

Date Deposit Received \_\_\_\_\_

Date Balance Received \_\_\_\_\_

## Captiva Chapel By-the-Sea

An Inter-Denominational Church-open from the second Sunday in November thru April

11580 Chapin Lane (Box 188) Captiva, FL 33924 (239) 472-1646

Chapel Minister: Reverend Larry Marshall

May thru October Contact Information: Phone: 440-231-2641 E:mail: coachmarshall15@gmail.com

### MARRIAGE and VOW RENEWAL INFORMATION FORM

Before a service is considered confirmed, this form must be completed and returned to the Chapel Minister, and the deposit check received by the Chapel Treasurer at Box 188, Captiva, FL 33924.

DATE OF WEDDING or VOW RENEWAL \_\_\_\_\_ TIME \_\_\_\_\_

For Vow Renewal – Date of Marriage: \_\_\_\_\_

LOCATION – \_\_\_\_\_ Chapel \_\_\_\_\_ Beach

BRIDE: Full Name \_\_\_\_\_ (including Birth Name)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Parents: Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

GROOM: Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Parents: Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Couple's Address AFTER Marriage \_\_\_\_\_

Marital Status: BRIDE Never married \_\_\_\_\_ Widow \_\_\_\_\_ Divorced \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

GROOM Never married \_\_\_\_\_ Widower \_\_\_\_\_ Divorced \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

Church or Religious Background:

Bride \_\_\_\_\_

Groom \_\_\_\_\_

Reason for seeking a wedding or renewal of vows service at Chapel By-the-Sea:

\_\_\_\_\_

\_\_\_\_\_

Occupation/Career/Profession:

Bride \_\_\_\_\_

Groom \_\_\_\_\_

**WEDDING CEREMONY PLANS/PREFERENCES**

**All weddings/reaffirmations at the Chapel must be conducted ONLY by the Chapel Minister.**

At the discretion of the chapel minister; it is sometimes possible to have a guest minister assist. If you wish to have a guest minister, please fill in the information below and discuss it with the chapel minister.

Name of Guest Minister: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Church affiliation \_\_\_\_\_

**Do you plan to use the Chapel's Organist? (Y) / (N) / (To be determined)**

If No, do you intend no music? \_\_\_\_\_ Some alternative? \_\_\_\_\_

Have you contacted the Chapel Organist regarding your plans? (Y) / (N)

Music Selections: \_\_\_\_\_

Do you have plans for flowers or decorations? \_\_\_\_ (Y) / (N) If Yes, please describe your plans:

**Which of the following do you envision as part of your wedding?** Candle-lightings, vocal or instrumental music, flower girls, ring bearers, bell ringing, aisle runner, etc.

Please describe: \_\_\_\_\_

**Have you scheduled a pre-service interview and discussion with the Chapel Minister? (Y) (N)**

**Will you schedule a rehearsal time?** (Even very small weddings may benefit from one.) (Y) (N)

**How many Attendants?** For the Bride \_\_\_\_\_ For the Groom \_\_\_\_\_

Names \_\_\_\_\_

Other Participants: \_\_\_\_\_

**Scripture and/or other readings:**

Read by: \_\_\_\_\_

Promises/Vows: (Please attach or transmit when available) Rings \_\_\_\_yes \_\_\_\_no

**Date/Method for Premarital Counseling** \_\_\_\_\_

**Date/Time for Rehearsal** \_\_\_\_\_

**Approximately how many guests?** (The absolute maximum indoor seating is 120 people) \_\_\_\_\_

*Parking is limited. If more than 20 cars are expected you will need to have a person to assist your guests in parking either on the side or in back of the chapel. Trolleys and/or buses are not permitted in the parking lot or on our historic churchyard property, however may drop off & pick up your guests on close-by Chapin Lane & Wiles Drive.*

**NOTES:**