

**Wedding Information**  
**All Saints' Chapel/St. Augustine's Chapel**  
The University of the South  
735 University Avenue  
Sewanee, Tennessee 37383

Please complete this form and return it to the Wedding Administrator no later than **six weeks prior** to your wedding date.

**Applicant:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check one:     First Marriage     Divorced     Widow

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check one:     First Marriage     Divorced     Widow

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Officiant:** \_\_\_\_\_

Address: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Email: \_\_\_\_\_

Solemnized a Wedding in All Saints' Chapel before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**Premarital Counselor** (if other than officiant): \_\_\_\_\_

Address: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Photographer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Photographed a Wedding in All Saints' Chapel before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

When will pictures be taken:  Before Service     After Service     Both

If before, what time: \_\_\_\_\_

Where will the photos be taken?  Inside     Outside     Both

**Videographer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Recorded a Wedding in All Saints' Chapel before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**Private Wedding Planner:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

**Organist:** \_\_\_\_\_

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

**Carillonneur:** \_\_\_\_\_

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

**Other Musicians/Soloist:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

**Ceremony Information**

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

Rehearsal Date: \_\_\_\_\_    Time: \_\_\_\_\_

Number of guests expected: \_\_\_\_\_

Holy Eucharist:     Yes     No  
If yes, then:     Rite I     Rite II

The couple will bring bread and wine to altar:     Yes     No  
The couple will provide chalice bearers:     Yes     No  
The couple will:     Bread     Use wafers

**Readings:** (*Book of Common Prayer, page 426 for choices*):

Old Testament: \_\_\_\_\_    Reader: \_\_\_\_\_

Psalm: \_\_\_\_\_    Reader: \_\_\_\_\_

New Testament: \_\_\_\_\_

Reader: \_\_\_\_\_

Gospel: \_\_\_\_\_

Reader: \_\_\_\_\_

Homily:  Yes  No

**Programs:**  Yes  No

By Print Services:  Yes  No

**If in All Saints' Chapel:**

Ceremony at:  Nave  High Altar

Flower Guild arrangements:  Nave  High Altar

Move Nave Altar platform:  Nave  High Altar

Light Choir-Stall Candles:  Nave  High Altar

Light Nave Pillar Candles:  Nave  High Altar

**Wedding Attendants:**

Number of Honor Attendants:

Flower Girl  Yes  No

Number of Honor Attendants:

Ring Bearer:  Yes  No

**Flowers**

For the flowers that will remain in place for the Sunday service, please note how you would like the notice listed in the bulletin. Please indicate full names.

in thanksgiving for  in memory of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

Rehearsal Dinner Site: \_\_\_\_\_

Reception Site: \_\_\_\_\_

**Official Use Only:**

Rehearsal Date/Time: \_\_\_\_\_ Hostess: \_\_\_\_\_

Wedding Date/Time: \_\_\_\_\_ Sacristan: \_\_\_\_\_