

ARCHDIOCESE OF CHICAGO



ST. JAMES CHAPEL WEDDING RESERVATION

(To be completed after confirming date and freedom to marry in the Catholic church)

Wedding Date: _____ Time: _____
(Day of the Week/Month/Day/Year)

Date of Rehearsal: _____ Time: _____

Bride's Name: _____

Address: _____
(Street, City, State, Zip)

Email: _____ Cell: _____

Groom's Name: _____

Address: _____
(Street, City, State, Zip)

Email: _____ Cell: _____

Home Parish/City: _____

Priest/Deacon/ celebrating wedding: _____ Diocese: _____

Parish _____

Email: _____ Phone: _____

Please submit two checks with this reservation form. One check for \$2000 payable to Archbishop of Chicago and the other check for \$550 payable to Holy Name Cathedral.

Name on Check: _____

Address: (if different from above) _____

City, State, Zip _____

Name of the Person Scheduling the Wedding: _____

I understand that my wedding will start on time, and that arrivals and departures of guests and vendors will occur not more than 30 minutes prior or 30 minutes after our ceremony. Yes No

Please take time to read the St. James Chapel Wedding Planner at www.archchicago.org/StJamesChapel/ This form along with the two checks are to be mailed to:

Ms. Marcela Bermudez
Archdiocese of Chicago
835 N. Rush Street
Chicago, IL 60611

Questions? call 312-534-8199

Office Use Only	
Date received	_____
Chapel check #	_____
Music check #	_____
Wedding Coordinator	_____