



Bride's Name \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Parish \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parish of Baptism \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parish of Confirmation and date: \_\_\_\_\_

Groom's Name \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Parish \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parish of Baptism \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parish of Confirmation and date: \_\_\_\_\_

Date of wedding \_\_\_\_\_ Wedding time \_\_\_\_\_  
Rehearsal date (*typically the day before*) \_\_\_\_\_ Rehearsal time \_\_\_\_\_

Location of wedding: Chapel of St. Ignatius \_\_\_\_\_ Campion Ecumenical Chapel \_\_\_\_\_

Type of Ceremony: Liturgy of the Word \_\_\_\_\_ Mass (with communion) \_\_\_\_\_

Number of guests expected \_\_\_\_\_ Number of guests for communion (if Mass) \_\_\_\_\_

Presider \_\_\_\_\_ Phone \_\_\_\_\_  
PRIEST DEACON Email \_\_\_\_\_

PLEASE COMPLETE IF THE PRESIDER IS NOT FROM SEATTLE UNIVERSITY

Church \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Superior \_\_\_\_\_ Diocese or Province \_\_\_\_\_

A DECLARATION OF A CATHOLIC ECCLESIAL COURT IS REQUIRED FOR ALL PREVIOUS MARRIAGES TO SCHEDULE A WEDDING AT SEATTLE U

**Previous marriages/Ordinations:**

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CERTIFICATE OF COMPLETION OF MARRIAGE PREPARATION IS DUE 4 MONTHS PRIOR TO THE WEDDING

**Marriage Preparation Program Chosen** \_\_\_\_\_

INITIALS REQUIRED

**We have read the policies and guidelines for weddings at Seattle University and we agree to follow all of the policies and procedures.**

\_\_\_\_\_  
INITIAL

\_\_\_\_\_  
INITIAL

**We understand that a minimum of \$250 must accompany this financial agreement as a deposit.**

\_\_\_\_\_  
INITIAL

\_\_\_\_\_  
INITIAL

*Please attach a recent photo of the bride and groom.*

PLEASE CHECK ALL THAT APPLY AND COMPLETE ALL FIELDS THAT FOLLOW

- Current Student/Faculty/Staff ID# \_\_\_\_\_ Major/Dept. \_\_\_\_\_ \$500
- Alumni Graduation Year \_\_\_\_\_ Degree \_\_\_\_\_ \$1,000
- Regent/Trustee \_\_\_\_\_ \$1,500

A RESPONSIBLE PARTY FOR BILLING MUST BE NAMED:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Credit Card Number (Visa/MasterCard only): \_\_\_\_\_  
 Full Name on the Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

We agree to complete all wedding fee payments by \_\_\_\_\_  
30 DAYS BEFORE WEDDING

We will pay \$100 for parking for our guests \_\_\_\_\_  
OR \_\_\_\_\_  
REQUIRED FOR GROUPS OVER 30

We will have our guests pay \$4.50 per car for parking \_\_\_\_\_

We agree to pay the wedding fee by Credit Card or Check in the following manner:

- Full fee is attached with this agreement.
- Fee to be paid in a single payment by \_\_\_\_\_  
30 DAYS BEFORE WEDDING
- Other. Please propose your own terms on a separate sheet of paper and attach to this form.

LIABILITY INSURANCE IS REQUIRED FOR ALL WEDDINGS IN ACCORDANCE WITH THE POLICIES OF SEATTLE UNIVERSITY. INITIALS REQUIRED

We agree to obtain liability insurance in excess of \$1,000,000 and to provide certified proof of insurance no later than 6 months prior to the wedding as prescribed in the wedding guidelines.

\_\_\_\_\_  
INITIAL                  INITIAL

We agree that all music/musicians will be approved by the CM for Liturgical Music by:

\_\_\_\_\_  
60 DAYS BEFORE WEDDING

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

SIGNATURES AND DATES REQUIRED