Wedding Ceremony Date: _____

Ceremony Time: _____

We have carefully read the Wedding Guidelines as presented on the Basilica of St. Michael website and we agree to follow all of the guidelines as stated and explained within them, including those which are stated in the four appendices.

Furthermore, we understand what is required of us by church and civil law in order for our wedding to take place at the Basilica of St. Michael.

We also understand that it is our responsibility to communicate to others as appropriate those guidelines which pertain to their involvement in the ceremony (e.g., florists, photographer, etc.)

BRIDE:	Full Name:		
		(please print legibly)	
		Ă	
		(signature)	(date)
	Address:		
	Phone(s):		
	Email:	A A	
CDOOM	E-U N		
GROOM:	Full Name:	(please print legibly)	
		Les Cummon france	
		(signature)	(date)
	Address:		
	11001 C55.		
	Phone(s):		
	Email:	692	
After-wedding address, if known:		T	
Aller-weddin	ig address, ii known	V	

Once completed, please send this contract with deposit check to Basilica of St. Michael / P. O. Box 12423 / Pensacola, FL 32591. Checks made payable to Basilica of St. Michael. Include, with the contract and deposit, your availability to meet with the Basilica Wedding Committee and include the days of the week and timeframe most convenient to your schedule.

Approximately 2 months before your wedding date, you will receive a letter from the Rector confirming the dates of your wedding and wedding rehearsal, and providing instructions as to how the balance of your wedding payment is to be made.

Please help communication by informing the Wedding Coordinator if, prior to your wedding, you change <u>any</u> contact information.

Thank you!

ed. 04/15/2016