

App Number _____

WEDDING APPLICATION

Application Date: _____

USMMA Mariners' Memorial Chapel

Please Print and mail to Chapel
or Fax to (516)773-5310

Please print.

If unsure, leave blank and call us.

Date/Day Requested: _____

Time Requested: _____

Bride: _____

Groom: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell / Other: _____

Cell / Other: _____

Email: _____

Email: _____

Applicant affiliation with the Academy:

***Required:** Sponsor Name: _____

Alumnus Class of: _____

Merchant Mariner: (Company) _____

Child of Sponsor _____

Other: (Specify) _____

Staff Member _____

Active Duty Military / Coast Guard _____

Faculty _____

Wedding and Clergy Information

Faith Group Service _____

Catholic Mass _____

Protestant _____

Interfaith: (Specify) _____

Catholic Ceremony _____

Jewish _____

Other: (Specify) _____

***Required:**

Clergy Name: _____

Phone Number: _____

Church Name: _____

Church Address: _____

We have read the RULES FOR WEDDINGS IN THE MARINERS CHAPEL <http://www.usmma.edu/about/marinerschapel/weddings/default.htm> and understand them completely. We particularly understand the following rules:

- 1) The throwing of rice, rose petals, confetti, releasing of balloons, etc. is FORBIDDEN.
- 2) The use of alcohol on or around the Chapel grounds is FORBIDDEN.
- 3) If clergy listed above cancels, I am responsible to find a suitable replacement.
- 4) The Office of the Superintendent – USMMA, must grant final Approval of this application.

Enclosed please find a check, made payable to the USMMA CHAPEL FUND, in the amount of the appropriate usage fee, as a donation.

***Required:**

Signature of Applicant (Bride or Groom) _____ Date _____

Signature Sponsor _____

App # _____

Office Use Only

Date Rcvd: _____

Amt Paid: _____

Verified by Init: _____

Date Approved: _____

Time: _____

Entered Master Cal: _____

Rehearsal Date: _____

Time: _____