FORT MYER MILITARY COMMUNITY
Installation Chaplain's Office

Headquarters, US Army Garrison
204 Lee Avenue, Bldg 480
Memorial Chapel
Fort Myer, Virginia 22211-1199
Telephone: 703-696-6635 Fax: 703-696-5996

WEDDING APPLICATION:

FAX FROM:_____NUMBER OF PAGES:_____

SUBJECT:_____DATE:_____

WEDDING DATE:_____TIME:_____

REHEARSAL DATE:_____TIME:_____

AUTHORITY: 10 USC 3012
PRINCIPLE PURPOSE: To provide the necessary data for the clergy to determine that the denominational requirements are met and to record the performance of the marriage with the denomination the minister represents, and to reserve the facilities.
ROUTINE USES: Information is used by the clergy to determine denominational requirements and to record the ceremony. The chapel secretary furnishes the data to the clergy and maintains the files. The organist uses the data to coordinate music and the chapel staff needs data to provide necessary services for the ceremony.
DISCLOSURE: Voluntary. Failure to provide information may deprive the individuals of being married in the chapel and receiving requested services.

GROOM:	BRIDE:
AGE:	AGE:
MARITAL STATUS (Circle One): SINGLE DIVORCED WIDOWER	MARITAL STATUS (Circle One): SINGLE DIVORCED WIDOWER
RANK/GRADE:	RANK/GRADE:
BRANCH OF SERVICE:	BRANCH OF SERVICE:
MILITARY UNIT:	MILITARY UNIT:
DUTY/WORK PHONE:	DUTY/WORK PHONE:
HOME ADDRESS:	HOME ADDRESS:
HOME PHONE:	HOME PHONE:

CHURCH ASSOCIATION: Where do you usually worship? Denomination? Faith background?: _____

_____

TYPE OF WEDDING (Circle One)**:** Protestant, Catholic with Mass without Mass, Jewish, other _____

GROOM/BRIDE: Active Duty: Army Navy Air Force Marines Coast Guard

Reserve/National Guard on Active Duty

Military Dependent with Valid ID Card of Active Duty Parent of Sponsor

Retired Military Member

Dependent of Retiree with Valid ID Card (Exception only)

PLEASE MAKE A COPY OF YOUR VALID ID AND FAX IN WITH YOUR APPLICATION

POINTS OF CONTACT:

GROOM'S NAME:_____

ADDRESS:_____

PHONE:_____

BRIDE'S NAME:_____

ADDRESS:_____

PHONE:_____

SPONSOR'S NAME:_____

ADDRESS:_____

PHONE:_____

CLERGY:

TITLE:_____

MILITARY:_____

CIVILIAN:_____

VIRGINIA CERTIFICATION (DATE AND COUNTY; **ATTACH COPY**)_____

_____

NUMBER OF GUESTS:_____

PERSON RESPONSIBLE FOR CLEAN UP:_____

PRE-MARITAL COUNSELING (Circle One)**: COMPLETED ON GOING**

PRE-MARITAL COUNSELING GIVEN BY WHOM:_____

_____

****Coordinator, Chaplains and Organists ARE NOT provided. You are personally responsible for scheduling these service for your ceremony****

SCHEDULING AGREEMENT AND UNDERSTANDING

I HAVE READ THE FORT MYER WEDDING POLICY AND I UNDERSTAND THAT: The minister must be licensed to officiate weddings in Virginia. I must notify the chapel of : any changes, coordination for rescheduling, cancellation, the names of the minister and wedding coordinator when selected. I am responsible for: the clean up of the chapel after the ceremony, chapel staff is there only to turn on/off lights and open/close the facility, the chapel must be returned to the same condition as I entered it.

PRINT NAME:_____

SIGNATURE:_____