

Shrine of Our Lady of Good Voyage

51 Seaport Boulevard



Boston, Massachusetts 02210

Wedding Intake Form

Date of this Intake _____ Booked By _____

Day and Date of Wedding _____ Time of Wedding _____

Mass or Ceremony _____ Celebrant _____

Day and Date of Rehearsal _____ Time of Rehearsal _____

Intake sent to celebrant: _____

Bride Information

Name _____

Address _____

Phone _____ Email _____

Religion _____ Marital Status _____

Date and Place of Birth _____

Parish of Residence _____

Groom Information

Name _____

Address _____

Phone _____ Email _____

Religion _____ Marital Status _____

Date and Place of Birth _____

Parish of Residence _____

Other Information