

## WEDDING SELECTION AND AGREEMENT

**AUTHORITY:** 10 U.S.C. 8013

**PURPOSE:** Provide data to be used by Chaplain to determine religious needs.

**ROUTINE USES:** None

**DISCLOSURE:** Voluntary. If information is not disclosed, chaplain will be unable to provide service requested.

NAME 1

ADDRESS

CITY	STATE	ZIP
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HOME PHONE	WORK PHONE
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ACTIVE DUTY MILITARY	MILITARY DEPENDENT
RETIRED MILITARY	CIVILIAN

SQUADRON	RELIGIOUS AFFLIATION
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NAME 2

ADDRESS

CITY	STATE	ZIP
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HOME PHONE	WORK PHONE
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ACTIVE DUTY MILITARY	MILITARY DEPENDENT
RETIRED MILITARY	CIVILIAN

SQUADRON	RELIGIOUS AFFLIATION
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We have received a copy of LRAFBI 52-101, *Wedding Procedures*, and agree to abide by all procedures within.

If the services of an organist are desired, names of chapel contract musicians can be provided to us. It is our responsibility to make arrangements for these services and we are solely responsible for any fees associated with the musician (**NOTE:** The Wing Chaplain or designee must approve musicians other than chapel contracted personnel).

I understand that by requesting a chaplain to perform a wedding in no way guarantees that a chaplain will be available to perform our wedding. I understand that I must be contacted regarding if a chaplain can or cannot support your request before making any final plans or arrangements to include sending out of invitations.

By signing this form I acknowledge and will abide by all above statements.

\_\_\_\_\_  
NAME 1

\_\_\_\_\_  
NAME 2

REQUESTED DATE OF WEDDING \_\_\_\_\_

REQUESTED TIME OF WEDDING \_\_\_\_\_

WHO DO YOU WANT TO PERFORM WEDDING CEREMONY?

CIVILIAN CLERGY

PROTESTANT CHAPLAIN

CATHOLIC CHAPLAIN

**NAME 1**

WILL THIS BE YOUR FIRST MARRIAGE?      YES      NO

**NAME 2**

WILL THIS BE YOUR FIRST MARRIAGE?      YES      NO

**NOTE:** This form will be used to provide information the chaplains and will be retained or destroyed by the chaplain who agrees to perform the wedding. This information will not be released to the general public in any circumstance.