



Shrine of Our Lady of Good Voyage

51 Seaport Boulevard Boston, Massachusetts 02210

Wedding Intake Form

Ceremony

Requested Wedding date: _____

Requested Wedding Time: 2:00 | 4:30 | Other _____

Preferred date of Rehearsal: _____

Preferred time of Rehearsal: _____

What kind of a ceremony are you considering? Full Mass | Ceremony | Not sure

Celebrant. Request a priest or deacon from the Shrine staff for the wedding.

We will have a priest or deacon not from the Shrine staff for the wedding

(please specify name, diocese, parish and phone/email)

To the couple. Are you civilly married, or will you be civilly married before your ceremony at Our Lady of Good Voyage? Y / N

Personal Information

Bride Information

Name: _____

Address: _____

Phone: _____ Email: _____

Current marital status: _____

Religion: _____

Date and Place of Birth: _____

Parish of Residence: _____

Groom Information

Name: _____

Address: _____

Phone: _____ Email: _____

Current marital status: _____

Religion: _____

Date and Place of Birth: _____

Parish of Residence: _____

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- By signing your name below, you acknowledge that you have read and understand the Wedding Procedures and Guidelines of the Shrine of Our Lady of Good Voyage (they can be found on our website)
 - Once you submit this form to us, we will contact you regarding the availability of your requested date and time.

Bride (sign or print your name) _____

Groom (sign or print your name) _____

----- Internal use only -----

Date of this Intake: _____ Booked By: _____

Intake sent to officiant: _____