



Royal Wedding Application

WEDDING

Sanctuary Robinson Chapel Garden Musician(s)

Day of Week: _____ Month: _____ Day: _____ Year: _____ Time: _____ am/pm

COUNSELING

Day of Week: _____ Month: _____ Day: _____ Year: _____ Time: _____ am/pm

OFFICIANT: _____

REHEARSAL

Day of Week: _____ Month: _____ Day: _____ Year: _____ Time: _____ am/pm

WEDDING DIRECTOR: _____ PHONE: _____

GROOM

BRIDE

[Please Print Full Name]

[Please Print Full Name]

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Birth Date: _____ Birth Place: _____

Birth Date: _____ Birth Place: _____

Widowed: _____ Divorced: _____ Date: _____

Widowed: _____ Divorced: _____ Date: _____

Kawaiaha`o Church Member? _____ Yes _____ No.

Kawaiaha`o Church Member? _____ Yes _____ No.

Member/Attend: _____ Church

Member/Attend: _____ Church

Baptism Date: _____ Church: _____

Baptism Date: _____ Church: _____

Parent's Church: _____

Parent's Church: _____

