

The Gideon F. Egnor Memorial Chapel  
Muhlenberg College

**APPLICATION FOR WEDDING**

Please complete this form and return it to:

Muhlenberg College Chapel  
Attention: Weddings  
2400 Chew Street  
Allentown, PA 18104

<u>Office Use Only</u>
Names: _____
Reh. Date _____ time _____ to _____
Wedd. Date _____ time _____ to _____
Service @ _____
Officiant _____
Altar: Table _____ High _____
Candelabras yes _____ no _____
Facilities Fee Paid _____
Date Received _____

**PERSONAL INFORMATION OF COUPLE TO BE MARRIED:**

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_  
Congregation: \_\_\_\_\_  
Previous Marriages? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, marriage was ended by \_\_\_\_\_  
Relationship to Muhlenberg: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_  
Congregation: \_\_\_\_\_  
Previous Marriages? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, marriage was ended by \_\_\_\_\_  
Relationship to Muhlenberg: \_\_\_\_\_

**CEREMONY DETAILS:**

(Note: all dates and times are proposed only until processed and confirmed by the Chapel Staff. They may be changed due to College conflicts).

Rehearsal Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who will perform the ceremony?

Name \_\_\_\_\_  
Address \_\_\_\_\_

**OVER →**

**CHAPEL LAYOUT:**

Which altar will you use?

Free-standing table altar nearer to pews \_\_\_\_\_

High altar at far front of the chancel \_\_\_\_\_

Will you use the 2 large standing candelabras? yes \_\_\_\_\_ no \_\_\_\_\_

Will you have floral arrangements brought in? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, who is the florist? \_\_\_\_\_ Phone \_\_\_\_\_

Who will be the organist or musician(s) providing music? \_\_\_\_\_

How many people will attend? (approximate) \_\_\_\_\_

How many cars for the wedding party? \_\_\_\_\_

How many persons will be using wheelchairs or otherwise needing special assistance/facilities? \_\_\_\_\_

**Additional Comments/Requests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signatures: \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_

**This application must be returned at least 90 days prior to your wedding date.  
Please enclose your check payable to MUHLENBERG COLLEGE.  
Half of the registration/facilities-use fee is non-refundable.**

**Office Use Only**

Copies sent to: \_\_\_\_\_ College Calendar \_\_\_\_\_ Chapel Organist  
\_\_\_\_\_ Controller's Office \_\_\_\_\_ Catholic Campus Ministry  
\_\_\_\_\_ Housekeeping \_\_\_\_\_ (when applicable)  
\_\_\_\_\_ Campus Safety