

# Reverend Stephanie Raphael

Interfaith, Nondenominational Minister

(Member: Central Coast Wedding Professionals - American Counseling Association - San Luis Obispo Ministerial Association)

## CONTRACT AND INFORMATION FORM

TODAY'S DATE: \_\_\_\_\_

NAME OF GROOM: \_\_\_\_\_

NAME OF BRIDE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

POSITION: \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
\_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE # (HOME): \_\_\_\_\_

PHONE # (HOME): \_\_\_\_\_

PHONE # (CELL): \_\_\_\_\_

PHONE # (CELL): \_\_\_\_\_

PHONE # (WORK): \_\_\_\_\_

PHONE # (WORK): \_\_\_\_\_

E-MAIL (or FAX): \_\_\_\_\_

E-MAIL (or FAX): \_\_\_\_\_

CEREMONY DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_

REHEARSAL DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_

APPROXIMATE # OF GUESTS: \_\_\_\_\_ NUMBER OF ATTENDANTS: \_\_\_\_\_ RING BEARER/FLOWER GIRL: \_\_\_\_\_

WEDDING LOCATION: \_\_\_\_\_

HOW YOU WERE REFERRED TO REV. RAPHAEL: \_\_\_\_\_

COMMENTS or other PERTINENT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MINISTERIAL WEDDING FEE: \_\_\_\_\_ DEPOSIT (nonrefundable): **\$150.00**

BALANCE DUE (due at Rehearsal/Prior to Wedding): \_\_\_\_\_ (Please make all checks out to Rev. Stephanie Raphael)

Upon receiving your deposit, Rev. Raphael will reserve the above dates and times to officiate at your wedding and rehearsal and will not make any other conflicting reservations. Any changes in time or place made by you must be okayed by Rev. Raphael. The deposit is nonrefundable.

SIGNATURE(S) \_\_\_\_\_  
(Groom)

\_\_\_\_\_  
(Bride)

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