

Pay To: Jerry Schwehm

Mail to Office Address:

117 No. Solomon st, New Orleans, LA 70119

Tel: 504-617-6359

Booking Form

Wedding Day: _____ Date _____ Time _____

PLACE _____

Address _____

COUPLE'S NAMES: _____

Home Address: _____

Contact Info: Home Phone _____ Local Phone: _____

Best Phone To Reach You _____

CEREMONY TYPE: Religious: ____ Spiritual: ____ Civil _____:

CEREMONY READINGS: _____

Special Requests

PARTIES MUST SECURE A LICENSE FROM STATE BEFORE CEREMONY PERFORMED
Service provided upon payment in advance only. I understand that if services are cancelled, deposits are NOT REFUNDABLE. Fees are based upon amount of service time and services provided. Arrangement to pay all fees must be before ceremony. Signed agreement must be received along with required deposit or no services provided.

Total Fees: _____ Deposit Paid _____ Balance Due: _____

SIGNATURE OF RESPONSIBLE PARTY: _____ DATE: . _____