

WEDDING INFORMATION**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: powers and duties; delegated by.

PURPOSE: Records of rites performed Air Force Chaplains used to verify rites performed for individuals. Programming requirements and utilization of religious facilities. **ROUTINE USES:** No disclosures will be made outside of DoD.

DISCLOSURE: Furnishing the information is voluntary as determined by the individual or by the sponsor of individual concerned.

DATE	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> PROTESTANT <input type="checkbox"/> JEWISH <input type="checkbox"/> ORTHODOX			
BRIDE TO BE	ADDRESS (Street No., City, State & Zip Code)		TELEPHONE (Office/Home)	
FAITH GROUP OR DENOMINATION	PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF BIRTH	
STATUS <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED BASE _____ CHAPLAIN SEEN _____ <input type="checkbox"/> CIVILIAN IS SPONSOR ACTIVE DUTY? OR RETIRED <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO DEPENDENT <input type="checkbox"/> YES <input type="checkbox"/> NO SPONSOR LIVES WHERE _____ CONNECTION TO RANDOLPH _____				
GROOM TO BE	ADDRESS (Street No., City, State & Zip Code)		TELEPHONE (Office/Home)	
FAITH GROUP OR DENOMINATION	PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF BIRTH	
STATUS <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED BASE _____ CHAPLAIN SEEN _____ <input type="checkbox"/> CIVILIAN IS SPONSOR ACTIVE DUTY? OR RETIRED <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO DEPENDENT <input type="checkbox"/> YES <input type="checkbox"/> NO SPONSOR LIVES WHERE _____ CONNECTION TO RANDOLPH _____				
ARE YOU PRESENTLY INVOLVED IN THE RANDOLPH CHAPEL/WORSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SERVICE TIME _____ IF NO, WHAT LOCAL CHURCH/SYNAGOGUE/CHAPEL ATTEND _____ NAME OF PASTOR, PRIEST, OR RABBI _____ ADDRESS _____ PHONE _____				
WHO WILL PERFORM THE WEDDING CEREMONY?				
DATE OF PROPOSED WEDDING	TIME (Start time)	/(2 Hr blocks)	REHERSAL DATE	TIME
WEDDING COORDINATOR			<input type="checkbox"/> CHAPEL ONE <input type="checkbox"/> CHAPEL TWO	
WHO ATTENDED TODAY? <input type="checkbox"/> BRIDE & GROOM <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> RELATIVE				
REMARKS				
SIGNATURE				

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).