

## PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 301, Executive Order 9397

PURPOSE: To compile information that will enable chaplains to identify eligibility of couples requesting a wedding at the Naval Academy. To act in liaison with the Archdiocese for the Military Services and other church agencies, completing any forms required by them for official purposes only.

USES: To plan a wedding service best suited to the needs and desires of eligible applicants and to assist in the completion of official records required by church agencies and offices for official purposes only.

DISCLOSURE: Disclosure of information provided will be used to complete records required by church agencies.

**USNA WEDDING APPLICATION**

United States Naval Academy

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Groom:

Bride:

**1. Eligibility:**

In order to determine the basis of your eligibility for a wedding ceremony or vow renewal at one of the United States Naval Academy (USNA) Chapels **you** must be eligible according to one of the following categories, please select:

**I REQUEST TO RESERVE A DATE FOR MY WEDDING AT THE CHAPEL. I UNDERSTAND THAT MY REQUEST DATE WILL BE CONFIRMED 12 MONTHS PRIOR TO THE WEDDING. I AM IDENTIFYING ALL APPLICABLE CATEGORIES AND UNDERSTAND THAT THESE ARE IN ORDER OF PRIORITY:**

\_\_\_\_\_ I am a United States Naval Academy Alumnus/Alumna, Class of \_\_\_\_\_

Current status:

\_\_\_\_\_ Active Duty      \_\_\_\_\_ Reservist      \_\_\_\_\_ Retiree      \_\_\_\_\_ Civilian

\_\_\_\_\_ I am an active duty military service member, currently assigned to the USNA; Naval Support Activity, Annapolis; or Naval Health Clinic, Annapolis; or a son or daughter of the above residing with my parents.

\_\_\_\_\_ I am an active faculty or staff member (GS, NAF, FWS), currently assigned to the USNA; Naval Support Activity, Annapolis; or Naval Health Clinic, Annapolis; or a son or daughter of the above residing with my parents.

**I REQUEST TO RESERVE A DATE FOR MY WEDDING AT THE CHAPEL. I UNDERSTAND THAT MY REQUEST DATE WILL BE CONFIRMED NINE (9) MONTHS PRIOR TO THE WEDDING.**

\_\_\_\_\_ I am an current active congregant of the USNA Chapel community as defined by my respective USNA Chaplain; or a son or daughter of the above residing with my parents.

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Any misuse or unauthorized disclosure can result in both civil and criminal penalties.

**2. Ceremony Policies:** Please acknowledge the following with your initials.

\_\_\_\_\_ I understand that if I am already married to my current spouse in either a CIVIL or a RELIGIOUS ceremony, I cannot be remarried (have a second wedding ceremony) in an USNA Chapel without seeking a waiver. If a waiver is granted, the couple must provide a copy of the civil marriage license.

\_\_\_\_\_ I understand that prior to my wedding ceremony I must present to the chaplain or clergy an unsigned wedding license.

\_\_\_\_\_ I understand that failure to present an unsigned wedding license to the chaplain or clergy will result in immediate cancellation of the ceremony. (If civilly married, refer to earlier guidance.)

\_\_\_\_\_ I understand that being approved to have a ceremony in an USNA Chapel does not obligate the USNA to provide a chaplain or other clergy to officiate, and that I am responsible for making arrangements with my own clergy or chaplain. I will provide the USNA Wedding Coordinator with the name of the clergy officiating the ceremony, in writing, no later than four (4) months prior to the date of the event. (If your clergy is unavailable to officiate your ceremony, the USNA Wedding Coordinator will provide information on how to check the availability of local clergy or USNA Chaplains.)

\_\_\_\_\_ I understand that if I am divorced and seeking a Catholic wedding, I must have an ecclesiastical annulment in hand before a Catholic wedding ceremony can be scheduled.

\_\_\_\_\_ I understand that specific religious denominations require specific preparations for marriage which the couple agrees to abide by.

\_\_\_\_\_ I understand that at the time of my ceremony there may be ongoing construction at any of the USNA Chapels.

**3. Preferred Religious Ceremony:** Please select one (1).

\_\_\_\_\_ Roman Catholic

\_\_\_\_\_ Protestant

\_\_\_\_\_ Jewish

\_\_\_\_\_ Other (Specify): \_\_\_\_\_

**4. Preferred Ceremony Venue:** Please select one (1).

\_\_\_\_\_ Main Chapel (Christian ceremony, seats 2500)

\_\_\_\_\_ St. Andrews Chapel (Christian ceremony, seats 125)

\_\_\_\_\_ Miller Chapel (Jewish ceremony, seats 450)

\_\_\_\_\_ All Faiths Chapel (Any religious ceremony, seats 110)

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**5. Preferred Ceremony Dates and Times:** Please select three (3) different dates and times.

Christian ceremonies are limited to 30 minutes and are held only on approved Saturdays. Approved ceremony times are generally: 1100, 1200, 1300, 1400, 1500, 1600, 1700.

Jewish ceremonies are limited to 30 minutes and are held only on approved Sundays. Approved ceremony times are generally: 1200, 1300, 1400, 1500, 1600, 1700.

	Preferred Date		Preferred Time
1st Choice	_____	1st Choice	_____
2nd Choice	_____	2nd Choice	_____
3rd Choice	_____	3rd Choice	_____

**6. Future Contact:** Please provide a point of contact for the first six (6) months following your ceremony.

Name _____		Relationship _____
Address _____		
City _____	State _____	Zip Code _____
Phone Number _____		

**7. Clergy and Vendor Fees:** Please acknowledge the following with your initials.

\_\_\_\_\_ All fees associated with visiting clergy are the responsibility of the couple and remuneration must be made directly by them.

\_\_\_\_\_ All fees associated with musicians, and other vendors, are the responsibility of the couple and remuneration must be made directly by them.

\_\_\_\_\_ A list of Approved Business Partners will be provided by the USNA Wedding Coordinator. Vendors must be selected from this list.

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## **8. Coordination Fee:**

The intention of all those facilitating ceremonies at USNA Chapels is to provide the most professional support of the highest quality, so that a ceremony at USNA is a celebration marked by joy, dignity, and beauty. Accordingly, a coordination fee of \$1000 for all ceremonies is necessitated as part of the process to confirm a date and time. This fee must be received within 30 days of submitting an application and may be remitted via check or credit card.

## **9. Fee Remittance, Cancellation and Change Policy:** Please acknowledge the following with your initials.

I understand that if I must cancel or change the date / time of our ceremony, I am obligated to notify the USNA Wedding Coordinator in writing as soon as possible.

Email: Weddings@usna.edu

Telephone: 410-293-2369

Fees may be remitted by **CREDIT CARD** by contacting the USNA Wedding Coordinator, via phone:

Hours: TUES - FRI 0830 - 1500

Phone Number: 410-293-2369

(Please do not leave credit card information over voicemail.)

Fees may be remitted by **CHECK**, made payable to **NABSD**, by sending to:

Naval Academy Business Services Division  
Attn: USNA Wedding Coordinator  
Dahlgren Hall 2nd Deck  
103 Fullam Court  
Annapolis, Maryland 21402

**Refunds will be considered on an individual case basis.**

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Name

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Signature

Date

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**10. Background Information:** Please provide the following information for ceremony participants.

	Name	
	Branch of Service and Rank	
	Current Duty Station	
	Planned Rotation Date from this Duty Station	
	Current Residential Street Address	
	City, State, Zip Code	
	Primary Address for USNA Correspondence	
	Home Phone	
	Work Phone	
	Cell Phone	
	E-Mail(s)	
	Faith Denomination	
	Baptized?	
	Confirmed/Bar or Bat Mitzvah?	
	Name of House of Worship you Regularly Attend	
	City	
	State	
	Pastor's/Rabbi's Name	
	Have you ever been married before?	
	Date of Birth	
	Date of Formal Engagement	

| \_\_\_\_\_ |  
 Phone number the week of the wedding:

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