

Information about the Wedding

Date of Wedding _____ Wedding Hour _____ Application Date _____
Date of Rehearsal _____ Rehearsal Hour _____ Officiating Clergy _____

Information about the Bride

Bride's Full Name _____
Current Address _____
Home Phone _____ /ork Phone _____
Occupation _____ Birthday (mm/dd/yy) _____ Age _____

Baptized? _____ If baptized, please provide the following (if possible).
Date of Baptism _____ nomination _____
Church Name _____ City/State _____
Confirmed? _____ If confirmed, please provide the following (if possible).
Confirmation Date _____ nomination _____
Church Name _____ City/State _____

Do you regularly receive Holy Communion in your community of faith? _____
Is this your first marriage? _____
If it isn't your first marriage, what number will it be? _____
Please provide the names and birthdates (mm/dd/yy) of children who are part of your household

Bride's father's full name _____
Bride's mother's full name _____

Information about the Couple

Permanent address after marriage _____

Information about the Groom

Groom's Full Name _____
Current Address _____
Home Phone _____ /ork Phone _____
Occupation _____ Birthday (mm/dd/yy) _____ Age _____

Baptized? _____ If baptized, please provide the following (if possible).
Date of Baptism _____ urch Name _____
Denomination _____ City/State _____
Confirmed? _____ If confirmed, please provide the following (if possible).
Confirmation Date _____ nomination _____
Church Name _____ City/State _____

Do you regularly receive Holy Communion in your community of faith? _____
Is this your first marriage? _____
If it isn't your first marriage, what number will it be? _____
Please provide the names and birthdates (mm/dd/yy) of children who are part of your household

Groom's father's full name _____
Groom's mother's full name _____

Information about the Wedding

Date of Wedding 1/0/1900 Wedding Hour 12:00 AM Application Date 1/0/1900
Date of Rehearsal 1/0/1900 Rehearsal Hour 12:00 AM Officiating Clergy 0

Bride's Full Name 0
Current Address 0
Home Phone 0 Work Phone 0 0

Groom's Full Name 0
Current Address 0
Home Phone 0 Work Phone 0 0

This Portion to be Completed by the Officiating Clergy Member

Premarital counseling dates confirm _____ Please identify counseling dates below

Name of church _____ Total fees _____
Will there be Holy Communion? _____ # of Guests _____

Reception location _____

Reception time from _____ until _____ Banns? _____

This Portion to be Completed by the Parish Administrator

Sexton needed? _____ (s) Needed _____
Sexton informed? _____ Total Fees _____

This Portion to be Completed by the Director of Music

Soloist needed? _____
Who will solo? _____ Soloist Fee _____
Organist? _____ Organist Fee _____
Other musicians _____

This Portion to be Completed by the Altar Guild Director

Assigned Altar Guild Representative _____

Florist _____ for Sunday _____
Florist Name _____ Phone Number _____
Candlebra _____ Candles Furnished by _____
Dress at Church _____ Tables Reserved _____
How should we note the wedding in our worship? _____