Saint Andrew's Episcopal Church

217 West 26th Street, Bryan TX 77803-3215
P.O. Box 405, Bryan TX 77806-0405
Phone: 979-822-5176
Website: www.standrewsbcs.org
E-mail: office@standrewsbcs.org

Wedding Information Form

Instructions

1. Read the "Planning Your Wedding" Guidelines.
2. Use *full* proper names for all persons listed (first, *middle*, last; and *maiden name*)
3. PRINT or TYPE.
4. Return this form (along with deposit of $200) to the Parish Administrator to ensure confirmation of your wedding date.

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 _____

City_____State_____Zip_____

Home Phone: _____Cell Phone_____Work Phone_____

Bride's e-mail address_____

Occupation_____Date of Birth (mm/dd/yy) _____Age_____

Baptized?_____If baptized, please provide the following (if possible)

Date of Baptism_____Denomination_____

Church Name_____City/State_____

Confirmed?_____If confirmed, please provide the following (if possible)

Confirmation Date_____Denomination_____

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 a part of your household.

_____

_____

Bride's mother's full name_____

Bride's mother's hometown_____

Bride's father's full name_____

Bride's father's hometown_____

Information about the Groom

Groom's Full Name_____

Current Address _____

City_____State_____Zip_____

Home Phone: _____Cell Phone_____Work Phone_____

Groom's e-mail address_____

Occupation_____Date of Birth (mm/dd/yy) _____Age_____

Baptized?_____If baptized, please provide the following (if possible)

Date of Baptism_____Denomination_____

Church Name_____City/State_____

Confirmed?_____If confirmed, please provide the following (if possible)

Confirmation Date_____Denomination_____

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 a part of your household.

_____

_____

Groom's mother's full name_____

Groom's mother's hometown_____

Groom's father's full name_____

Groom's father's hometown_____

Information about the Couple

Permanent address after marriage_____

City_____State_____Zip_____

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