



Weddings Information Form

Bride's Name: _____

Groom's Name: _____

Address: _____

Address: _____

Age: ____ Phone: _____

Age: ____ Phone: _____

Church: _____

Church: _____

Single Divorced

Single Divorced

WEDDING CEREMONY

Date: _____ a.m./p.m.

Place: Sanctuary Other

Officiating Ministers: (1) _____ (2) _____

Approximate Number Attending: _____ Florist: _____

Photographer: _____ Consultant: _____

EQUIPMENT

Unity Candle

Tables for the reception
(give details below)

REHEARSAL

Date: _____ a.m./p.m.

Dinner Location: _____

RECEPTION

Location: _____

Hostess: _____

Caterer: _____

MUSIC

Songs to be Sung: _____

Musicians: _____

ADDITIONAL INFORMATION

Please remember to do the following:

- Make a premarital counseling appointment with the officiating minister
- Turn in one-half of the fees to the office along with this form
- Notify the church of any changes