

FOR OFFICE USE ONLY

Inquiry Date: _____ Ceremony Only Coord: _____
 Tentative Rm. Reservation submitted _____ Cermny & Recptn Coord: _____
Date

Marriage License Rcvd
Sound Tech Not Needed Needed _____

Payment Received:	Amt.	Ck #	Date Rcvd
Initial Pmt.	_____	_____	_____
Final Pmt.	_____	_____	_____

WEDDING INFORMATION

PLEASE COMPLETE INFORMATION ON BOTH SIDES, AND RETURN THIS FORM TO THE CHURCH OFFICE.

Officiating Pastor

Wedding Day, Date, Time

*BRIDE: _____

Home Phone: _____

*Home Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

*GROOM: _____

Home Phone: _____

*Home Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

FACILITIES

Rehearsal Day/Date: _____

Arrival Time: _____ Start Time: _____ End Time: _____ Departure Time: _____

Wedding Day/Date: _____

Arrival Time: _____ Start Time: _____ End Time: _____ Departure Time: _____

No. of Wedding Guests: _____

In case of other pastor officiating or assisting:

*Outside Officiating Pastor: _____ Home Phone: _____

Officiating Pastor's Church: _____ Church Phone: _____

(Continued on Back)

WEDDING INFORMATION cont...

*Maid/Matron of Honor/Witness: _____

*Home Address: _____

*Best Man/Witness: _____

*Home Address: _____

****This information will be used for the Marriage License. PLEASE make sure it is the correct spelling of the individual's legal name and the correct address, state and zip etc. Thank you!***

Organist: _____

Soloist(s): _____

Father/Mother of the Bride: _____ Phone: _____

Father/Mother of the Groom: _____ Phone: _____

Florist/Decorator: _____ Phone: _____

Flowers: Leave for Church Take for Reception

Photographer: _____ Phone: _____

Pictures: Before Wedding After Wedding Time: _____

AFTER THE WEDDING

To the Bride / Groom:

Will you be changing your last name?

No Yes. If so, please indicate after-wedding name:

Bride: _____

Groom: _____

What will be your mailing address after the wedding?

