

HOLY MATRIMONY INFORMATION FORM

Bride's Full Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Occupation: _____ Maiden/Widow/Divorced: _____

Number of this marriage: _____ Age: _____ Date of Birth: _____

Place of birth: City _____ State: _____

Baptized: _____ In What Denomination: _____

Confirmed: _____ In What Denomination: _____

Father's Full Name: _____

Mother's Full Name: _____

Parent's Address: _____

Groom's Full Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Occupation: _____ Bachelor/Widow/Divorced: _____

Number of this marriage: _____ Age: _____ Date of Birth: _____

Place of birth: City _____ State: _____

Baptized: _____ In What Denomination: _____

Confirmed: _____ In What Denomination: _____

Father's Full Name: _____

Mother's Full Name: _____

Parent's Address: _____

Date of Ceremony: _____ Time: _____

Place of Ceremony: Church Chapel Residence Other: _____

Please mark which you will have:

Organist Holy Communion Rehearsal Flower Guild Choir

Permanent Address after Marriage: _____

Officiant: _____

INFORMATION FOR WEDDING LEAFLET

Bride's Full Name: _____

Goes by: _____

Groom's Full Name: _____

Goes by: _____

First Reading: _____ **Psalm:** _____

Second Reading: _____ **Gospel:** _____

Music: CONSULT WITH ORGANIST/CHOIRMASTER

Maid/Matron of Honor: _____

Best Man: _____

Ring Bearer: _____

Flower Girl: _____

Bridesmaids: (limit 8)

Groomsmen: (limit 8)

Readers:

Chalice Bearers:

Ushers:

Acolytes:

How many to be printed: _____

Return to Kathy Stephens