

HOLY MATRIMONY

Information Sheet / St. Andrew's Episcopal Church, New Providence, NJ 07974 908-464-4875

Names

Initial contact: _____

Date of marriage: _____ Time: _____

Date of rehearsal: _____ Time: _____

Place: _____

Officiant: _____

Address: _____

Phone: _____

Musician(s): _____

Bride: _____

Address: _____

Phones

Home _____

Cell _____

Office _____

email: _____

Employment: _____

Date of birth: _____ Place of birth: _____

Religion: _____ B/C/C?

Number of this marriage: _____

Father's full name: _____

Mother's maiden name: _____

Groom: _____

Address: _____

Phones

Home _____

Cell _____

Office _____

email: _____

Employment: _____

Date of birth: _____ Place of birth: _____

Religion: _____ B/C/C?

Number of this marriage: _____

Father's full name: _____

Mother's maiden name: _____

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Service Information

Total number of attendants: _____

Maid of Honor: _____
Address: _____

Best Man: _____
Address: _____

Expected size of congregation: _____
Eucharist? Y/N
Other participants: _____

Fees quoted: _____

Checklist

- _____ Wedding information sent
- _____ Music Dept
- _____ Administrator notified
- _____ Altar Guild notified
- _____ Officiant notified
- _____ Fees received

Premarital counseling:

Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____

Other notes: _____

