

Holy Matrimony Information Sheet

Please return completed form to the Parish Office as soon as possible.

Spouse 1 Full Name _____

Spouse 2 Full Name _____

Rehearsal Day & Date _____ • ____/____/20__ Time _____

Marriage Day & Date _____ • ____/____/20__ Time _____
Church _____ St. Martin's Chapel _____ Holy Eucharist? _____
Reception location _____
Number of guests expected _____

Officiating Clergyperson _____ Organist _____

Will you need...

Audio CD of service? _____ Carillonneur? _____
(The family must arrange for the organist and carillonneur.)

Florist _____ Contact Name & Phone _____

Photographer _____ Contact Name & Phone _____

Spouse 1 address _____

Phone: Home _____ Work _____

Occupation _____

Unmarried _____ Divorced _____ Widowed _____ Age _____ Birthdate _____

Baptized _____ Confirmed _____

Father's full name _____

Mother's full maiden name _____

Spouse 2 address _____

Phone: Home _____ Work _____

Occupation _____

Unmarried _____ Divorced _____ Widowed _____ Age _____ Birthdate _____

Baptized _____ Confirmed _____

Father's full name _____

Mother's full maiden name _____

Future address (if known) _____

Date form completed ____/____/20__

