

For Office Use Only

Wedding Date and Time: _____
Rehearsal Date and Time: _____
Celebrant for Ceremony: _____
Instructor for Prep: _____
Wedding Coordinator: _____
Church Name, if not here: _____
Personal Testimony Witness Testimony
Baptismal Certificate Confirmation Certificate
Marriage License Reception Here Not Here Fee Paid

REGISTRATION FORM

Today's Date: _____ *Please fill out with black pen. PRINT CLEAR.*

Groom: _____ Bride: _____

Address: _____ Address: _____

City/ZIP: _____ City/ZIP: _____

Phone: (H) _____ Phone: (H) _____

(W) _____ (W) _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Birthdate: _____ Age: _____ Birthdate: _____ Age: _____

Religion: _____ Religion: _____

Church of Baptism: _____ Church of Baptism: _____

Are you confirmed? _____ Are you confirmed? _____

Church Attending: _____ Church Attending: _____

Marital Status: Single Married
 Divorced Widowed

If divorced, have annulment
Proceedings begun? Yes No

How long have you been dating? _____

How long have you been engaged? _____

Best Man: _____ Maid of Honor: _____

Parents Name: _____ Parents Name: _____

Contact person if not able to reach you: _____
Name Phone