

Marriage Information

THE SERVICE

PLACE

DATE

TIME

The Ceremony			
The Rehearsal			
The Reception			

GROOM

BRIDE

PHONE/EMAIL:

Last Name		
First Name, second name		
Address 1		
City, Prov, Pcode		
Medicare		
Birth Place, DOB (Age)		
Previously Married? Check one	<input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Occupation		
Religious Affiliation; Baptized/Confirmed		
Attendants: Full Name Full Address		
License #		

FAMILY

Father – First, last name, birthplace		
Mother – First, maiden name, birthplace		
Siblings		
Children (first name and age)		

THE SERVICE

The Ceremony	<input type="checkbox"/> Ceremony C	<input type="checkbox"/> Ceremony T	<input type="checkbox"/> Other
Musician(s)			
Music			
Rings	<input type="checkbox"/> One	<input type="checkbox"/> Two	
Special Items			

CONVERSATIONS (for officiants use)

DATE	NOTES