

The Original Congregational Church

Wedding Information

Please print your full names as you want them listed on the Wedding Certificate

GROOM

BRIDE

Full Name _____

Full Name _____

Address _____

Address _____

Phone _____

Phone _____

E-Mail _____

E-Mail _____

Occupation _____

Occupation _____

Religion _____

Religion _____

Wedding Arrangements

Date of Marriage _____ Time _____

(Please check one) Sanctuary _____ Chapel _____

Rehearsal Date _____ Time _____

Number of anticipated guests _____

Do you want us to compose a bulletin for your wedding? Yes _____ No _____

The pre-marital counseling is three 1 hour sessions: 1. _____

2. _____

3. _____

What is the best time for the Organist to call you to set up a meeting? _____ am _____ pm

Additional Information: _____
