

PRE-MARRIAGE INFORMATION

GROOM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Previous Marital Status:

- Never Married
- Married before, ended by:
  - Death     Annulment
  - Divorce

Number of previous marriages: \_\_\_\_\_

Religion \_\_\_\_\_

BRIDE

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Previous Marital Status:

- Never Married
- Married before, ended by:
  - Death     Annulment
  - Divorce

Number of previous marriages: \_\_\_\_\_

Religion \_\_\_\_\_

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Wedding:    Date: \_\_\_\_\_  
                  Time: \_\_\_\_\_  
                  Place: \_\_\_\_\_

Rehearsal:    Date: \_\_\_\_\_  
                  Time: \_\_\_\_\_  
                  Place: \_\_\_\_\_

Organist: \_\_\_\_\_

Choir or soloist: \_\_\_\_\_

Music: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desire prayers of congregation:

- Before wedding
- After wedding

Wedding flowers to be left for Sunday  
worship?     Yes                     No

Printed order of service?  Yes  No

How many rings? \_\_\_\_\_

Participants:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Florist: \_\_\_\_\_

Photographer:  
\_\_\_\_\_

Reception:  
                  Time: \_\_\_\_\_  
                  Place: \_\_\_\_\_

Marriage License No. \_\_\_\_\_