

Wedding Information Form

Proposed Date of Wedding: _____, 202__

Proposed time of ceremony: _____ AM / PM

Partner 1's Full Name: _____ Member of Peace? _____

Partner 2's Full Name: _____ Member of Peace? _____

Partner 1's Contact Information:

Cell Phone _____

Address _____

Partner 2's Contact Information:

Cell Phone _____

Address _____

If neither partner are members, how did you learn of Peace?

When will the rehearsal be? (Date & time) _____

Would you like recommendations from Peace for musicians? If no, what musicians will you be bringing in?

Would you like use of the Parish Hall for a reception after the ceremony? ___ Yes ___ No

Rooms are available for dressing rooms on the day of the wedding. Will you need any rooms? If so, please detail when and for what purpose:

What will the decorations in the sanctuary consist of? (e.g., flowers at altar, flowers at row ends, candles, etc.)

Other special needs?

Please leave this with the church administrator, along with a \$100.00 deposit (which will be applied to your total bill) when you reserve the church. Deposit is fully refundable if plans change more than 4 weeks in advance. Thank you very much!