

Wedding Information Form



TODAY'S DATE

WEDDING DATE

TIME

REHEARSAL DATE

TIME

Gender (circle): MALE FEMALE _____
OF ATTENDANTS

NAME

EMAIL

PHONE

PHONE TYPE

STREET

ALTERNATE PHONE

PHONE TYPE

CITY, STATE, ZIP

BEST TIME TO CALL

OCCUPATION

DATE OF BIRTH

Previously married? (circle) YES NO

Do you have children? (circle) YES NO

PARTNER ONE

NAME

Gender (circle): MALE FEMALE _____
OF ATTENDANTS

EMAIL

PHONE

PHONE TYPE

STREET

ALTERNATE PHONE

PHONE TYPE

CITY, STATE, ZIP

BEST TIME TO CALL

OCCUPATION

DATE OF BIRTH

Previously married? (circle) YES NO

Do you have children? (circle) YES NO

PARTNER TWO

STREET ADDRESS AFTER WEDDING (IF DIFFERENT FROM ABOVE)

CITY, STATE, ZIP

Flower girl? (circle) YES NO

Ring bearer? (circle) YES NO

DEPOSIT

CHECK NO

BALANCE DUE