

# Wedding Information

Date: \_\_\_\_\_ Hour: \_\_\_\_\_ Priest: \_\_\_\_\_ Rehearsal Date: \_\_\_\_\_ Hour: \_\_\_\_\_

Where? ( ) Church ( ) St. Michael Chapel ( ) Bishop Moore Chapel ( ) Other

## BRIDE

Print full legal names for all names and circle preferred name

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

First Middle Last

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

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

( ) Baptized? ( ) Confirmed? (

) Communicant?

Member of St. Michael? ( ) Yes ( ) No

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father: \_\_\_\_\_

First Middle Last

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

Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

First Middle Maiden Last

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

Phone: \_\_\_\_\_

Bridesmaids including Maid/Matron of Honor? \_\_\_\_\_

Flower Girl: \_\_\_\_\_ Age: \_\_\_\_\_

## GROOM

Print full legal names for all names and circle preferred name

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

First Middle Last

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

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

( ) Baptized? ( ) Confirmed? (

) Communicant?

Member of St. Michael? ( ) Yes ( ) No

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father: \_\_\_\_\_

First Middle Last

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

Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

First Middle Maiden Last

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

Phone: \_\_\_\_\_

Groomsmen including Best Man? \_\_\_\_\_

Ring Bearer: \_\_\_\_\_ Age: \_\_\_\_\_

## ADDITIONAL INFORMATION

Eucharist ( ) Yes ( ) No

Organist: ( ) Yes ( ) No

Torches: ( ) Yes ( ) No

Facility Fee \_\_\_\_\_

Torch Fee \_\_\_\_\_

Classes \_\_\_\_\_

Address after marriage: \_\_\_\_\_

Will you be attending St. Michael? \_\_\_\_\_

(Bride) What name will you be using after marriage?

\_\_\_\_\_

## IMPORTANT

If either bride-to-be or groom-to-be has been married before, please state how many times and the dates of all marriages, as well as dates of finalized divorces.

DATE DIVORCE

DATE MARRIED

FINALIZED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR SMAA WEDDING COORDINATOR ONLY

Date Received: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_ Copies: \_\_\_\_\_ Rooms Reserved: \_\_\_\_\_ P \_\_\_\_\_ BR \_\_\_\_\_ SMC Conf. \_\_\_\_\_

BR 105: \_\_\_\_\_ Other: \_\_\_\_\_ Gospel \_\_\_\_\_