

WEDDING INFORMATION



1025 Springfield Pike Wyoming, Ohio 45215 ✦ 513/821-5725

Wedding date _____ Time _____
 Day of week _____

Officiating Pastor _____
 Co-Officiating Pastor info _____

Bride's name _____
 Address _____
 City/State/Zip _____
 Home phone _____ Work # _____
 DOB _____ Cell phone # _____
 Church membership _____
 Previous marriage _____
 Parents' names _____
 Parents' address _____
 City/St/Zip _____
 Address **after** wedding _____
 Occupation _____

Groom's name _____
 Address _____
 City/State/Zip _____
 Home phone _____ Work # _____
 DOB _____ Cell phone # _____
 Church membership _____
 Previous marriage _____
 Parents' names _____
 Parents' address _____
 City/St/Zip _____
 City/State/Zip after wedding _____
 Occupation _____

Rehearsal date _____ Time _____
 Rehearsal dinner _____ Time _____
 Number of Guests _____

Reception date _____ Time _____
 Reception Location _____
 Will Limousine be used? _____

Maid of honor _____
 Attendant _____
 Attendant _____
 Attendant _____
 Attendant _____
 Attendant _____
 Attendant _____
 Flower girl _____
 Organist _____
 Soloist _____
 Pianist _____
 Wedding coord. _____

Best man _____
 Usher _____
 Usher _____
 Usher _____
 Usher _____
 Usher _____
 Usher _____
 Ring bearer _____
 Acolytes _____
 Florist _____
 Photographer _____
 Videographer _____

Service chosen Single ring Double ring
 Unity candle service
 Bulletin _____

Who will give the Bride away? _____
 Special music _____

Use of church
 Sanctuary _____
 Chapel _____
 Fellowship Hall _____
 Aisle Runner _____
(not provided by church)

Church equipment
 Kneeling bench _____
 Candelabra (2 avail.) _____
 Unity Candleholder _____
 Microphones _____
(Bride to supply 2 tapers and 1 pillar candle)

Counseling dates _____

Marriage license acquired _____

Dates of notification
 Organist _____
 Wedding coord. _____
 Sound Specialist _____
 Wedding booklet & fee sheet provided _____
Non-Member _____
Deposit paid on _____ Check Number _____

Special notes: _____

 * Associated fees are to be paid at the second counseling session; a separate check is required for each staff member.
 Custodial fee _____
 Date completed _____