

Saint Barnabas's Episcopal Church

91 Main Street † Falmouth, MA 02540 † 508-548-3863 † www.stbarnabasfalmouth.org

Holy Matrimony Information Form

WEDDING DATE: _____ TIME: _____

INFORMATION

Each individual getting married needs to fill out the following:

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____

E-MAIL: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE: _____

ADDITIONAL INFORMATION:

MEMBER OF ST. BARNABAS: NO YES → Pledges Yes No

BAPTIZED: NO YES → Where: _____

CONFIRMED: NO YES → Where: _____

PARENTS — MEMBER(S) OF ST. BARNABAS: NO YES

MOTHER'S FULL NAME: _____

FATHER'S FULL NAME: _____

PARENT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CEREMONY DETAILS

WEDDING DATE: _____

TIME: _____

CHURCH OR CHAPEL: _____ OFFICIANT: _____

HOLY EUCHARIST: NO YES [Rite II ONLY] EXPECTED NUMBER OF GUESTS: _____

NUMBER OF ATTENDANTS: _____

NAMES: _____

REHEARSAL DATE: _____ TIME: _____

NAME OF FLORIST: _____ PHONE: _____

MUSIC: SOLOIST: NO YES

OTHER MUSICIANS: NO YES

MET WITH ORGANIST: NO YES → has music been selected Yes No

RECEPTION LOCATION: _____

FEES PAID: YES NO

Indicate Amounts

DEPOSIT:	Check No.:	DATE:
CELEBRANT:	Check No.:	DATE:
ORGANIST:	Check No.:	DATE:
CHURCH:	Check No.:	DATE:

DATE OF MEETING: _____

NOTES:

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