

Wycliffe Presbyterian Church Wedding Information Form

Bride

Groom

Full Name—First, Middle, Last

Full Name—First, Middle, Last

Address

Address

City, State, Zip

City, State, Zip

Occupation of Bride

Occupation of Groom

Phone: (Home)

(Cell)

Phone: (Home)

(Cell)

Email

Email

Date of Birth

Age

Marriage History Never Married Marriage ended by death
 Annulment Divorce

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Religious Preference Presbyterian Member of Wycliffe
 Other religion Other Christian Denomination

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Name of Bride's Parent(s)

Name of Groom's Parent(s)

Will Grandparents(s) be present? Yes No

Will Grandparents(s) be present? Yes No

If so, name(s) of Grandparents

If so, name(s) of Grandparents

Bride's Full Name after wedding (for marriage license)

Other special guests

Miscellaneous Information that we should know

Miscellaneous Information that we should know

More on the other side →

WEDDING PARTY

Matron/Maid of Honor

Best Man

Mistress of Ceremony

Groomsman

Bridesmaid

Groomsman

Bridesmaid

Groomsman

Bridesmaid

Groomsman

Flower Girl

Ring Bearer

Who will give the Bride away?

Other attendants (ushers, greeters, guest book)

INFORMATION ABOUT THE CEREMONY

Have you secured a marriage license? Yes No

How many wedding rings? One Two

Date of Rehearsal _____

Date of Wedding _____

Time of Rehearsal _____

Time of Wedding _____

Will there be a wedding reception? Yes No

Place of Wedding, if other than Wycliffe

If so, where? _____

Do you want the church to print bulletins? Yes No

Will you have a wedding (unity) candle? Yes No

If so, who will buy bulletins? I will buy them Church

If so, who will purchase it? I will buy it Church

WEDDING MUSIC

Please contact our Music Director as soon as the Pastor has confirmed the wedding date.

Dr. Sandra Billy (w)455-3346 (h)495-1697

Email: sbilly@vwu.edu

Date contacted: _____

The Processional

Soloist, if any

Pre-Nuptial Music:

The Recessional

Special Requests:

*** OFFICE USE ONLY ***

Wedding Bulletin: Ordered: _____

Received: _____

Wedding Candle: Ordered: _____

Received: _____

Rooms Scheduled: _____

Date approved by Session: _____