

FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST
505 West Mulberry Street, Kokomo, IN, (765) 452-8285
Marriage Information Form

Please complete this form and mail it back to the church office as soon as possible, or bring it at the time of your meeting with the Pastor.

DATE OF OUR FIRST MEETING WITH THE PASTOR _____

THE DATE OF OUR REHEARSAL WILL BE _____ Time _____

THE DATE OF OUR CEREMONY WILL BE _____ Time _____

WILL YOUR RECEPTION BE AT FIRST CONGREGATIONAL CHURCH? Yes No

I/WE ARE PRESENTLY MEMBERS AT FIRST CONGO UCC OR HAVE PARENTS WHO ARE Yes No

OUR CHURCH MEMBERSHIP PLANS _____

OUR FUTURE ADDRESS _____

Please notify the church office promptly of any changes to the above information.

(Please print the following information)

GROOM

Name _____

Address _____

Home Phone _____

Business Phone _____

Birth Date _____

Occupation _____

Church Affiliation _____

Previous Marriage(s) (No.) _____

How Ended? _____

Parent's Names _____

Best Man _____

Groom's Attendants (No.) _____

Ring Bearer _____

Ushers (No.) _____

Photographer _____

Time of Photos _____

(Photos are recommended before ceremony.)

BRIDE

Name _____

Address _____

Home Phone _____

Business Phone _____

Birth Date _____

Occupation _____

Church Affiliation _____

Previous Marriage(s) (No.) _____

How Ended? _____

Parent's Names _____

Maid/Matron of Honor _____

Bride's Attendants (No.) _____

Flower Girl _____

Vocalist/Instrumentalist _____

Flowers by _____

Bulletins _____

(Couple must purchase and have printed.)

FOR OFFICE USE

Date of Second Planning Meeting with Pastor _____

Date Received Deposit (Non-Members Only) _____

Date Received Meyers-Briggs Pre-Marital Material _____

Date Received Order of Worship _____

Has the couple contacted the Organist? Church's Wedding Consultant?