

Wedding/Relationship Blessing Registration Form

Ceremony Information

Ceremony Date Ceremony Time Eucharist? Yes No

Rehearsal Date Rehearsal Time Member? Yes No

Number of Attendants Number of Guests Expected Initial Call Date

Witness Names Clergy Names

Partner One: Information

Full Name

Address

Phone Email

Parents Names
Include First, Middle, Last and Maiden Names

Please Select One:

Single Widowed Divorced

Baptized? Yes No

If Yes, Affiliation

Do you plan to change your name?

If Yes:

Partner Two: Information

Full Name

Address

Phone Email

Parents Names
Include First, Middle, Last and Maiden Names

Please Select One:

Single Widowed Divorced

Baptized? Yes No

If Yes, Affiliation

Do you plan to change your name?

If Yes:

Post-Ceremony Address *(if different)*

Address

City State ZIP Phone

FEES

	Charges	Am't Paid	Date Paid	Reimbursed
Clergy				
Attendant				
Organist				
Additional				

PARKING

Parking Requested? Yes No Parking Permitted? Yes No

OFFICIANT NOTES