

Wedding Application Form – St. George’s Church, Guelph

Bride’s Name:		Wedding Time:	
Groom’s Name:		Rehearsal Time:	
Wedding Date:			
Rehearsal Date:			
Officiant:			
Date of Deposit:		License Received:	
Balance Paid:			

Preparation

Interview Dates:	1)		Time:	
	2)		Time:	
	3)		Time:	
	4)		Time:	

Marriage Course completed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Source / Location:	
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Wedding Bulletin:	
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Ceremony Details

Church <input type="checkbox"/>	or Chapel <input type="checkbox"/>	Number of guests:	
Number of attendants (“bridesmaids”) for Bride:			
Number of attendants (“groomsmen”) for Groom:			
Wedding Rings:		Eucharist:	
Organist:		Soloist:	
Carillonneur:		Bows for Pews:	
Candles in Centre Aisle:		Other Floral Provisions:	
Photographer:		Videographer:	
Readings	1 st Reading:		
	Reader:		
	2 nd Reading:		
	Reader:		
	Gospel:		
Additional information about the ceremony:			

The Bride

Full Name of Bride:					
Mailing Address:					
Email Address:					
Home Telephone:		Work:		Cell:	
Date of Birth:		Place of Birth:			
Age on Wedding Day:		Marital Status:		<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced, certificate #	
Religious Denomination:				<input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed	
Do you currently worship regularly at a church?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where?	
Occupation:		Citizenship:			
Father's Full Name:		Father's Province (or Country) of Birth:			
Mother's Full Maiden Name:		Mother's Province (or Country) of Birth:			
Name of Witness ("maid-of-honour"):					
Address of Witness:					

The Groom

Full Name of Groom:					
Mailing Address:					
Email Address:					
Home Telephone:		Work:		Cell:	
Date of Birth:		Place of Birth:			
Age on Wedding Day:		Marital Status:		<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced, certificate #	
Religious Denomination:				<input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed	
Do you currently worship regularly at a church?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where?	
Occupation:		Citizenship:			
Father's Full Name:		Father's Province (or Country) of Birth:			
Mother's Full Maiden Name:		Mother's Province (or Country) of Birth:			
Name of Witness ("best man"):					
Address of Witness:					

Names after Wedding:					
Address after Wedding:					