



WEDDING QUESTIONNAIRE

Contact Information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt./Unit #

_____ Email: _____
City State Zip Code

Date of Wedding _____ Time of Wedding _____ Date of Rehearsal _____

Special Request _____

At least one of the parties baptized Christian? Yes No

Has any party been previously married? Yes No

Are you a Parishioner of Christ Church? Yes No Current or Past _____

Do you have a State Marriage Certificate? Yes No In What State _____

Wedding Planner

Full name: _____ Phone: _____
Last First

Company Name _____ Email: _____

Photographer

Full name:

Last

First

M.I.

Phone

Company
Name

Email

Caterer

Full name:

Last

First

M.I.

Phone

Company
Name

Email

Florist

Full name:

Last

First

M.I.

Phone

Company
Name

Email

Party Responsible for Billing:

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt/Unit #

Phone:

City

State

Zip Code

Email:
