

# WEDDING INFORMATION FORM

St. Edward's Episcopal Church  
Lawrenceville, Georgia

Today's Date: \_\_\_\_\_ Wedding Date: \_\_\_\_\_ Wedding Time: \_\_\_\_\_

Bride's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Maiden/Widow/Divorced    Baptized/Confirmed    Denomination: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mother's Full Maiden Name *(Even If Deceased)*: \_\_\_\_\_

Mother's Hometown \_\_\_\_\_

Father's Full Name *(Even If Deceased)*: \_\_\_\_\_

Father's Hometown \_\_\_\_\_

Groom's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Maiden/Widow/Divorced    Baptized/Confirmed    Denomination: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mother's Full Maiden Name *(Even If Deceased)*: \_\_\_\_\_

Mother's Hometown \_\_\_\_\_

Father's Full Name *(Even If Deceased)*: \_\_\_\_\_

Father's Hometown \_\_\_\_\_

Number of Guests Invited: \_\_\_\_\_ Holy Eucharist: \_\_\_\_\_

Rehearsal Date/Time: \_\_\_\_\_ Number of Attendants: Male \_\_\_\_\_ Female \_\_\_\_\_

Officiating Priest: \_\_\_\_\_

Reception At: \_\_\_\_\_