

**WEDDING INFORMATION FORM**  
**(return to Minister)**

**DATE-TIME-PLACE:** \_\_\_\_\_

**REHEARSAL:** \_\_\_\_\_

**INTERVIEW:** \_\_\_\_\_

<b>TO BE ANSWERED BY THE COUPLE, INDIVIDUALLY</b>
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FULL NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PHONE (HOME/WORK/CELL): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

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FULL NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PHONE (HOME/WORK/CELL): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

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**HAVE EITHER OF YOU BEEN MARRIED BEFORE?**  
(Who – When – date of divorce)