Wedding Questionnaire

Today's Date:	Wedding Date: :	_ Wedding Time:	
Groom Information			
Full name:		Birthdate:	Previously married: Y / N
Church Affiliation: Membe	er of St. Paul: Y / N Other		
Address:			Home phone:
Cell phone:	Email:		Work phone:
Place of Employment:			_
Father's name:		Mother's name	:
Number of brothers:	Number of sisters:		
Bride Information			
Full name:		Birthdate:	Previously married: Y / N
Church Affiliation: Membe	er of St. Paul: Y / N Other		
Address:			Home phone:
Cell phone:	Email:		Work phone:
Place of Employment:			_
Father's name:		Mother's name	:
Number of brothers:	Number of sisters:		
Wedding Details			
Photographer: Y / N Vi	deographer: Y / N Organist: Y /	N If yes, whom	?
Instrumentalist: Y / N If	yes, whom?	Candle Ceremo	ny? Y / N Runner? Y / N
Bulletins? Y / N (Create	ed and printed by Bride/Groom)		
Best man	Maid	l of Honor	
# of Groomsmen:	# of Bridesmaids: # of	of Ring Bearers:	# of Flower Girls:
Who will give away the Bri	ide? Rehe	earsal? Y / N If s	o, date:/Time:
Address after wedding:			
INTERNALLISE ONLY: Ar	nnroved by	Date annroved	on: