

Wedding Information Form

St. George's Church, St. Catharines

Please complete all sections. When completed, either mail it to 83 Church St., St. Catharines, ON L2R 3C7; fax it to 866-333-6092 or email to ltelega@stgeorgesanglican.ca

Date of Wedding:	year	month	day	Time	
Date of Rehearsal	year	month	day	Time	

Bride's Information

Last Name				First Name			
Date of Birth	year	month	day	Citizenship		Marital Status	
Street Address							
City				Prov.		Postal Code	
Telephone		Cell Phone		Email			
Occupation							
Home Church					Baptised (yes or no)		
Father's Name				Father's Place of Birth			
Mother's Name				Mother's Place of Birth			

Groom's Information

Last Name				First Name			
Date of Birth	year	month	day	Citizenship		Marital Status	
Street Address							
City				Prov.		Postal Code	
Telephone		Cell Phone		Email			
Occupation							
Home Church					Baptised (yes or no)		
Father's Name				Father's Place of Birth			
Mother's Name				Mother's Place of Birth			

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Details of Service

Eucharist	yes	no	Organist	yes	no	Chimer	yes	No	Pew Bulletin	yes	No
Reading #1											
Reader #1											
Reading 2											
Reader #2											
Reading 3											
Reader #3											
Number of Rings		Licence Obtained	Yes	No	Date	Year	Month	Day			
Florist							Memorial Fund	Yes	No		

Wedding Party

Maid/Matron of Honor		Best Man	
Bridesmaid		Usher	
Bridesmaid		Usher	
Bridesmaid		Usher	
Flower Girl		Ring Bearer	

Music

Prelude			
Processional			
During Signing of Register			
Recessional		Postlude	
Other Details			