



All Saints Episcopal Church

Wedding Information

Name of Spouse #1 (first, middle, last): _____

Gender Identification: _____ Date of Birth: _____

Birth Place: (City) _____ (State) _____

Home address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Baptized: Y _____ N _____ Church Affiliation: _____

Name of Spouse #2 (first, middle, last): _____

Gender Identification: _____ Date of Birth: _____

Birth Place: (City) _____ (State) _____

Home address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Baptized: Y _____ N _____ Church Affiliation: _____

Ceremony Date: _____ Ceremony Time: _____ Est. Number of Guests: _____

Rehearsal Date: _____ Rehearsal Time: _____ Location: _____

Wedding Coordinator: _____ Phone: _____

Officiant: _____

Approved BY: _____ Date: _____