

WEDDING IN-TAKE FORM

**St. Matthew's Episcopal Church
1030 Second Avenue
Fairbanks, AK 99701
(907)456-5235**

DATE OF APPLICATION: _____

PROPOSED WEDDING DATE: _____ TIME: _____

REHEARSAL DATE: _____ TIME: _____

PROPOSED PLACE of WEDDING: _____

PROPOSED PRIEST or OFFICIANT: _____

EXPECTED # in WEDDING PARTY (not guests, wedding party): _____

ORGANIST OR MUSICIANS: _____

FLORISTS: _____

PHOTOGRAPHER: _____

HOLY COMMUNION as part of your WEDDING: _____

ADDITIONAL features of your wedding – readers, singers, dancers, etc. – that it would be helpful to know for planning:

WHY would you like for your wedding to be celebrated through ST. MATTHEW'S?

We understand that pre-marital counseling and/or instruction is required by Canon Law, and we understand that a one hundred dollar (\$100) nonrefundable deposit is required by St. Matthew's before our wedding date will be entered on the Church calendar.

Groom Signature: _____

Bride Signature: _____

(Most of the following information is required for the Church Record Books.)

BRIDE

BRIDE'S FULL NAME: _____
BIRTHDATE: _____ AGE: _____ BIRTHPLACE: _____
MAILING ADDRESS: _____
STREET ADDRESS: _____
TELEPHONE # HOME: _____ CELL: _____ WORK: _____
EMAIL ADDRESS: _____
OCCUPATION/EMPLOYER: _____
BAPTIZED? _____ WHAT CHURCH? _____
CURRENT CHURCH STATUS or RELIGIOUS BACKGROUND: _____
OF THIS MARRIAGE: _____
If married previously, widowed or divorced? _____
What Year? _____
Are there children from previous relationships? _____ Ages _____
FATHER'S FULL NAME: _____
MOTHER'S FULL NAME (including Maiden Name): _____
PARENT'S HOMETOWN: _____

GROOM

GROOM'S FULL NAME: _____
BIRTHDATE: _____ AGE: _____ BIRTHPLACE: _____
MAILING ADDRESS: _____
STREET ADDRESS: _____
TELEPHONE # HOME: _____ CELL: _____ WORK: _____
EMAIL ADDRESS: _____
OCCUPATION/EMPLOYER: _____
BAPTIZED? _____ WHAT CHURCH? _____
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