First Parish Church, Congregational

Office 978 526-7661 ext 1 - Fax # 978 526-7882 - Office email: office.fpchurch@verizon.net

WEDDING INFORMATION

Date:
Calendars Marked
JGH_____
Office_____

Agreement Rental_____
Total Fee_____
Deposit_____
Balance_____

Date of Wedding:_____ **Time**:_____ **Place**: First Parish Church, Cong'l
Date of Rehearsal:_____ **Time**:_____ **Place**:_____

GROOM: Full Name:_____ **Home Phone**:_____
First Middle Last
Work Phone:_____
Cell Phone: _____
Email address: _____
Address: _____

Date of Birth:_____ **Occupation**:_____

Church Affiliation:_____ **Baptized?**_____ **Place**:_____

Father's Name:_____ **Mother's Name**:_____
First Last First Maiden Last

Address after Marriage: _____

BRIDE: Full Name:_____ **Home Phone**:_____
First Middle Last
Work Phone:_____
Cell Phone: _____
Email Address: _____
Address: _____

Date of Birth:_____ **Occupation**:_____

Church Affiliation:_____ **Baptized?**_____ **Place**:_____

Father's Name:_____ **Mother's Name**:_____
First Last First Maiden Last

MUSIC:
Organist: Donald R. Dunn 978-525-3050
Name of Vocalist/Trumpeter/Other:_____ **Phone**:_____

OTHER:

Officiating Clergy:_____ **Number of Guests**:_____

Best Man, Name: _____
Maid/Matron of Honor, Name:_____
Others in Party:_____

Photographer:_____ **Phone**:_____

Florist:_____ **Phone**:_____

Carpet? Yes_____No_____ **Will you take the flowers after ceremony? Yes___No__**

IMPORTANT: Please have the Florist call the Sexton to schedule delivery of flowers to the Church
Church Sexton, Robert Ralston 978-526-4974

Additional Information:_____

Officiating Guest Clergy: _____ **Address:**_____

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