



Trinity Church

NEWPORT, RHODE ISLAND

Wedding Planning Form

Date of marriage:

Time:

Date of rehearsal:

Time:

Member Status:

Initial Contact:

Update:

Place of marriage:

Officiant:

If other than Trinity Clergy:

Address:

Phone:

E-mail:

Full Name:

Address:

Phones (Home):

(Work):

(Cell):

E-mail:

Employment:

Date of birth:

Place of birth:

Religion:

Baptized?

Approximate Date:

Location:

Confirmed?

Approximate Date:

Location:

Communicant?

Is this your first marriage?

If not, please list the date(s) of your divorce(s):

Please send either a scanned or hard copy of your divorce decree when you return this form.

Father's full name:

Birthplace:

Mother's maiden name:

Birthplace:

Full Name:

Address:

Phone (Home):

(Work):

(Cell):

E-mail:

Employment:

Date of birth:

Place of birth:

Religion:

Baptized?

Approximate Date:

Location:

Confirmed?

Approximate Date:

Location:

Communicant?

Is this your first marriage?

If not, please list the date(s) of your divorce(s):

Please send either a scanned or hard copy of your divorce decree when you return this form.

Father's full name:

Birthplace:

Mother's maiden name:

Birthplace:

Members of Wedding Party:

Attendants (#)

Children (#?)

Approximate number of guests:

Will you have:

Communion	Yes	No
Chandelier Candles	Yes	No
Receiving line at church	Yes	No
Pictures in church afterward	Yes	No
Videography	Yes	No
Soloist/Instrumentalists:	Yes	No

(Note: All music and musicians subject to approval by Trinity's Organist/Choirmaster)

Music:

Prelude:

Entrance of the Wedding Party:

Entrance of the Wedding Partner/s

Music at the Eucharist:

Retiring Processional:

Hymns:

Other Music:

Flowers:

Florist: Phone:

Will florist arrange altar flowers? Yes No

Flowers left for Sunday? Yes No

If yes, bulletin should read:

Fees Quoted:

Copy to: _____ Clergy _____ Organist _____ Altar Society _____ Sexton