



Weddings at  
**Trinity Church**  
Newport, Rhode Island

Wedding Information Form

Requested Date and Time of Marriage: \_\_\_\_\_

Are you a member of Trinity Church:      Yes    No    Interested

Do you live locally? (Rhode Island or Massachusetts) \_\_\_\_\_

The Happy Couple

Full Name: \_\_\_\_\_

Bride or Groom (Circle one) or Preferred title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptized:    Yes    No    Approximate Date: \_\_\_\_\_      Location: \_\_\_\_\_

Confirmed:    Yes    No    Approximate Date: \_\_\_\_\_      Location: \_\_\_\_\_

Is this your first marriage?    Yes    No

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 full maiden name: \_\_\_\_\_      Birthplace: \_\_\_\_\_

Full Name: \_\_\_\_\_

Bride or Groom (Circle one) or Preferred title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Baptized:    Yes    No    Approximate Date: \_\_\_\_\_      Location: \_\_\_\_\_

Confirmed:    Yes    No    Approximate Date: \_\_\_\_\_      Location: \_\_\_\_\_

Is this your first marriage?    Yes    No    Other: \_\_\_\_\_

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 full maiden name: \_\_\_\_\_      Birthplace: \_\_\_\_\_

