



Calvary Episcopal Church
Flemington, NJ

Wedding Information Form

Calvary Episcopal Church
 Flemington, NJ 08822
 908.782.7227

Wedding

Date: _____ Time: _____ Place: _____

Rehearsal

Date: _____ Time: _____ Place: _____

Bride

Groom

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Calvary Member? _____

Calvary Member? _____

Religious Affiliation: _____

Religious Affiliation: _____

Birth Date: _____

Birth Date: _____

Previously Married: _____

Previously Married: _____

Wedding Party and Participants

Maid/Matron of Honor: _____ Best Man: _____

of Bridesmaids: _____ # of Groomsmen: _____ # of Ushers: _____

Flower Girl (Y/N) _____ Ring Bearer (Y/N) _____

Father to Give Bride Away? _____ If no, who will? _____

Ceremony Elements

Scriptures Readings:

Musician(s): _____ Soloist(s): _____

Ring Ceremony (check one): Double _____ Single _____

Photographer: _____ Videographer: _____

Special Concerns/Items/Elements: _____
