

# WEDDING INFORMATION FORM

The Presbyterian Church of Circleville Ohio  
134 East Mound Street P O Box 147 Circleville Ohio 43113  
Office: 740-474-4791 Fax: 740-474-1404 Email: [circpres@frontier.com](mailto:circpres@frontier.com)

Please note: *This form must be returned to the church office before any date can be set for a wedding, and must be confirmed by the minister.*

Requested date and time of Wedding \_\_\_\_\_

Requested date and time of Rehearsal \_\_\_\_\_

BRIDE'S FULL NAME \_\_\_\_\_ Preferred name \_\_\_\_\_

Present Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation & Employer \_\_\_\_\_

Previously married? \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Date of decree \_\_\_\_\_

Names & ages of children (if any) \_\_\_\_\_

Parents' names (indicate if living) \_\_\_\_\_

Parents' address \_\_\_\_\_

Bride's present church membership \_\_\_\_\_

GROOM'S FULL NAME \_\_\_\_\_ Preferred name \_\_\_\_\_

Present Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Birthdate \_\_\_\_\_

Occupation & Employer \_\_\_\_\_

Previously married? \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Date of decree \_\_\_\_\_

Names & ages of children (if any) \_\_\_\_\_

Parents' names (indicate if living) \_\_\_\_\_

Parents' address \_\_\_\_\_

Groom's present church membership \_\_\_\_\_

Requested location of wedding: At the Presbyterian Church \_\_\_\_\_ Other location \_\_\_\_\_

If not at the church, where? \_\_\_\_\_

Location of Reception \_\_\_\_\_

Date rec'd in church office \_\_\_\_\_ Fees due in church office \$ \_\_\_\_\_