



Wedding Information Sheet

ST. PATRICK'S EPISCOPAL CHURCH

4755 North Peachtree Road, Atlanta, Georgia 30338
770-455-6523 www.stpat.net

Upon receipt of the completed form, the Parish Administrator will immediately (OFFICE USE ONLY):

1. Provide a copy to all Clergy
2. Provide a copy to the Directress of the Altar Guild
3. Notify the Sound Technicians
4. Notify the Head of the Vergers
5. Notify the Head of the Lay Eucharistic Ministers (if there will be Holy Eucharist)

Names of Bride & Groom:			
Wedding Date:		Time:	
Rehearsal Date:		Time:	
Clergy Officiating:			
Information for Wedding Ceremony (Circle or Answer)			
Ceremony Location (circle one):	Nave	Chapel	
Holy Eucharist <i>(If yes, it must be for entire congregation):</i>	Yes	No	
Wedding Party:	Matron of Honor:	Best Man:	
	Maid of Honor:		
	Number of Bridesmaids:	Number of Groomsmen:	
	Flower Girl:	Ring Bearer:	
Type of ring ceremony:	Double	Single	
Will the Bride dress at St. Patrick's?	Yes	No	
Will the Bridesmaids dress at St. Patrick's?	Yes	No	
Is the Reception to be held at St. Patrick's?	Yes	No	
<i>If yes, a CONTRACT must be filled out and returned to the Parish Administrator in the church office immediately to ensure that the Parish Hall will be reserved for this purpose. (Reserving the church for your wedding does not necessarily reserve the Parish Hall. Additional fees are involved.)</i>			
Have you contacted our Music Director?	Yes	No	
Conference with Music Director:	Date:		
Florist:	Name:	Contact Number:	
Caterer:	Name:	Contact Number:	
Photographer:	Name:	Contact Number:	
Scripture Choices:	The Lesson:		
The Epistle:			The Holy Gospel:
Names of Reader(s):			
Chalice LEM(S):			
Acolytes:			

Bride and Groom Details
To be completed by the Bride and Groom.

BRIDE'S Full Name:			
Name to be used during the ceremony (i.e. Jennifer or Jenny):			
Residence (include City, State, Zipcode):			
Contact:	AM Phone:	PM Phone:	Email:
Marital Status (circle one):	Single	Widow	Divorced
If Widow or Divorced, give full Maiden Name:			
Birth:	Date:	City:	State:
Baptized:	Name of church:		
City:	State:	Denomination:	
Confirmed:	Name of church:		
City:	State:	Denomination:	
Member of:	Name of church:		
City:	State:	Denomination:	
Father's Full Name:			
Mother's Full Maiden Name:			
Parents' Residence:			
GROOM'S Full Name:			
Name to be used during the ceremony (i.e. Philip or Phil):			
Residence (include City, State, Zipcode):			
Contact:	AM Phone:	PM Phone:	Email:
Marital Status (circle one):	Single	Widower	Divorced
Birth:	Date:	City:	State:
Baptized:	Name of Church:		
City:	State:	Denomination:	
Confirmed:	Name of Church:		
City:	State:	Denomination:	
Member of:	Name of Church:		
City:	State:	Denomination:	
Father's Full Name:			
Mother's Full Maiden Name:			
Parents' Residence:			
Couple's Address & Phone, after marriage:		Street Address:	
City:	State:	Zip code:	
If Spouse to be is not a member, does he/she wish to join?		Yes	No
If Yes, Name & Address of previous church for us to contact:			

<i>For Office Use Only</i>	
<input type="checkbox"/> Obtained signed Declaration of Intent from couple	Date: _____
<input type="checkbox"/> Approved dates/times selected for rehearsal/wedding	Date: _____
<input type="checkbox"/> Add spouse, if desired, to applicable record book	Date: _____
<input type="checkbox"/> Change name for present member, if necessary, in applicable record book	Date: _____
<input type="checkbox"/> Change status/entered in ACS	Date: _____