

Elon Community Church United Church of Christ
Post Office Box 625
Elon, North Carolina 27244
(336)584-0391
Fax: (336)584-7963
E-mail: eccucc@att.net

For Office Use Only Form Received: _____ Deposit Received: _____

Wedding Information Form

Directions: Please TYPE or PRINT all information for this form. Send this form with the required wedding deposit to the church office to record and reserve your marriage date on the calendar. No dates will be officially reserved by telephone. If you have any questions, please contact the church office or the pastor. A pastor registered with this church must officiate. Other clergy are welcome to assist in the ceremony.

GROOM

First Name Middle Last

Address: _____

Street/PO Box/Apartment Number

City State Zip

Telephone: _____

Daytime: (____)____ - _____

Evening: (____)____ - _____

E-mail: _____

Date of Birth: ____/____/____ (month/day/year)

Occupation: _____

Place of Employment: _____

Church Membership: _____

Parents' Names:

Father: _____

Mother: _____

Previously Married? ____ Yes ____ No

BRIDE

First Name Middle Last

Address: _____

Street/PO Box/Apartment Number

City State Zip

Telephone: _____

Daytime: (____)____ - _____

Evening: (____)____ - _____

E-mail: _____

Date of Birth: ____/____/____ (month/day/year)

Occupation: _____

Place of Employment: _____

Church Membership: _____

Parents' Names:

Father: _____

Mother: _____

Previously Married? ____ Yes ____ No

WEDDING DATE: Month _____ Day _____ Year _____ Time _____

Rehearsal Date: Month _____ Day _____ Year _____ Time _____

Number of Wedding Guests Expected: _____

1) Name of Florist: _____

2) Name of Photographer: _____

3) Name of Videographer: _____

WEDDING DAY INFORMATION:

1) Will the wedding party be dressing at the church? _____ Yes _____ No

2) Will photos be taken before _____ and/or after _____ the ceremony?

3) Are there special needs or circumstances for which the church and staff should prepare? Please describe:

4) Have you read and are you familiar with the church policies for church decorations, photography, etc.?

_____ Yes _____ No

5) Will you plan to have a Wedding Bulletin? _____ Yes _____ No How Many? _____

Will you have them printed? _____ Yes _____ No

Would you like the church to print them? _____ Yes _____ No

6) Will you employ soloist(s)? If so, list their names below:

Note: The Organist needs music for solos one month in advance of the ceremony!

7) Other guest musicians? If so, list them below:

THE WEDDING PARTY (Please print and use full names)

Best Man:

Maid/Matron of Honor:

Groomsmen:

Bridesmaid:

Ringer Bearer:

Flower Girl:

Registrar:

Junior Bridesmaid:

Other:

Other:

Organist: Dr. Mark Rumley, church organist, or others by permission of the church.

Pastors: Rev. Randy Orwig, Rev. Sharon Wheeler, Rev. Jan Fuller, or Rev. Phil Smith. Other Clergy will be invited to assist in the ceremony as requested. Please list below:

Name: Rev. _____

Address: _____

Phone: (____)____ - _____

Church of Affiliation for Visiting Clergy: _____

*Return this **COMPLETED FORM** to the church office to register your date with your deposit. Questions can be directed to the church office at (336)584-0391 at any time.*