Marriage Ceremony / Counseling Request

Bride's name	DOB						
Addressemail							
Employment							
'ears of education Religious affiliation							
Are your parents married / divor	ced / remarried/ never married Who raised you?						
Affiliation to Nelson YES or NO	best phone contact						
Groom's name	DOB						
Address	email						
Employment status							
Years of education	ars of education Religious affiliation						
Are your parents married / divor	ced / remarried/ never married Who raised you?						
Affiliation to Nelsons YES or NO	best phone contact						
Known each other since	Been dating since						
Been engaged since							
Friends feelings about marriage pla	ans – positive somewhat positive not very supportive negative						
Family's feelings about marriage p	lans – positive somewhat positive not very supportive negative						
Number of children you have	Number of children you want						
When do you want children is woman pregnant							
Number of time broken up number of previous marriages							
Planned wedding date / time/ loca	tion						
Will other clergy be involved ? If so, who?							

Size of wedding party	У				
Bridesmaids	Groomsmen	Maid/matron of honor Best man			nan
Flower girl	_ Ringer bearer	Other			
Elements to be include	ded in wedding: (circle any	that apply) spec	cial music	unity candle	unity sand
Other					
Attendants (note wh	ich ushers will seat mother	rs/grandmothers)		
		_			
		_			
		_			
		_			
		_			
		_			
Family (who should	have special seating)				
		_			
		_			
Ceremony details					
Organist		_	Photograpl	her	
Aisle runner?		lighting?		Other?	
Reception information		-			
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Other information