



# TRINITY PRESBYTERIAN CHURCH

## MARRIAGE INFORMATION FORM

Confidential for Pastor

MAN

WOMAN

\_\_\_\_\_ Full Name \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ City & Zip \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ What church, if any, do you attend? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Are you a member? \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ What school did you last attend? \_\_\_\_\_

\_\_\_\_\_ Have you been married previously? \_\_\_\_\_

\_\_\_\_\_ If yes, where and when divorce finalized? \_\_\_\_\_

\_\_\_\_\_ Any children from previous marriages? \_\_\_\_\_

How long have you been engaged? \_\_\_\_\_ How long have you known each other? \_\_\_\_\_

Requested Wedding Date \_\_\_\_\_ Time \_\_\_\_\_

Requested Rehearsal Date \_\_\_\_\_ Time \_\_\_\_\_

Approximate number of guests \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your inquiry regarding weddings at Trinity Presbyterian Church.

Our congregation and staff are committed to supporting you in your Christian marriage.

In the space below, please tell us why it is important to you to have a Christian marriage service.

Why are you interested in Trinity in particular?