



Elon Community Church United Church of Christ

Post Office Box 625

*Elon, North Carolina 27244-0625
(336) 584 - 0391 Fax: (336) 584-7963*

Email: eccucc@bellsouth.net

Form recd _____

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 reserved by telephone. If you have questions please contact the Church office or the pastor. All couples are required to attend three pre-marriage sessions with the pastor. A pastor registered with this church must officiate. Other clergy are welcome to assist in the ceremony.

GROOM

Social Security Number _____

BRIDE

Social Security Number _____

First name Middle Last
Address:

First name Middle Last
Address:

Street/P.O. Box/ Apt. No.

Street/P.O. Box/ Apt. No.

City State Zip Code
Telephone:
Daytime: (____) ____ - _____
Eves: (____) ____ - _____

City State Zip Code
Telephone:
Daytime: (____) ____ - _____
Eves: (____) ____ - _____

Email: _____

Email: _____

Date of Birth: ____/____/____
Mo Day Yr

Date of Birth: ____/____/____
Mo Day Yr

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Church Membership:

Church Membership:

Parents Names:
Father: _____

Parents Names:
Father: _____

Mother: _____

Mother: _____

Page 2 - Wedding Information Form:

Names: _____

Previous Marriage? ___Yes ___No
Date of Divorce Decree: ___/___/___

Previous Marriage? ___Yes ___No
Date of Divorce Decree: ___/___/___

WEDDING DATE: Month _____ Day _____ Year _____ Time _____
Rehearsal Date: ___/___/___ Time (not before 6 p.m.) _____
Number of Wedding Guests Expected: _____

1. Name and Address of Florist: _____ (____) _____ - _____

2. Name and telephone of Photographer _____ (____) _____ - _____

3. Name and telephone of Videographer _____ (____) _____ - _____

WEDDING DAY INFORMATION:

1. Will the wedding party be dressing at church? ___Yes; ___No.
What time should the building be reserved for this? _____

2. Will photos be taken before _____ and/or after _____ the ceremony?
What time shall the sanctuary be readied for such? _____

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 flowers, bows, candelabra, 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 and phone numbers below:

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

7. Other guest musicians? If so list them below:

Page 3 - Wedding Information Form:

Names: _____

THE WEDDING PARTY (Please print and use full names!)

Best Man:

Maid/Matron of Honor:

Groomsmen:

Bridesmaids:

Ring Bearer:

Flower Girl:

Registrar:

Jr. Bridesmaid:

Other:

Other:

**Organist: Mr. Mark Rumley, church organist or others by permission of the church.
Pastors: Dr. Daniel Kuhn, Jr. or Rev. Richard McBride, University Chaplain. Other Clergy
will be invited to assist in the ceremony as requested. Please list below:**

Name: Rev. _____ Address: _____

Phone: (____) ____ - _____

Church Affiliation of Visiting Clergy: _____

Return this **COMPLETED FORM** to the Church office to register your date with your deposit.
Telephone the pastor to make your first appointment for pre-marriage work. Questions can be
directed to the church office at (336) 584-0391 at anytime.