

INFORMATION FOR THE WEDDING SERVICE

Date for the Wedding _____ Time _____ Number of guests _____

This form is to be completed before the first wedding appointment meeting and returned to the stowemountainchapelweddings@gmail.com. The Resident Chaplain will counsel with the couple and arrange or the officiant.

FULL NAME OF SPOUSE _____

Address _____

Phone Number (home) _____ (Work) _____

Email _____

Affiliation with a Faith Community? _____ yes _____ no

If so: _____

Birth Date _____

Place of Birth _____

Previous Marital Status _____

FULL NAME OF SPOUSE _____

Address _____

Phone Number (home) _____ (Work) _____

Email _____

Affiliation with a Faith Community? _____ yes _____ no

If so: _____

Birth Date _____

Place of Birth _____

Previous Marital Status _____