

MARRIAGE INFORMATION FORM

Please return when you meet with the clergy.

CHRIST CHURCH CRANBROOK

470 Church Road ♦ Bloomfield Hills, MI 48304 ♦ 248-644-5210

WEDDING DATE _____ Time _____

REHEARSAL DATE _____ Time _____

Place: Church Chancel St. Dunstan's St. Paul's

Holy Eucharist: Yes No

Clergy: _____

Marriage Book Page: _____

BRIDE

Full name _____

First Middle Last

Address _____

City State Zip

Phone _____ Business Phone _____

Email: _____

Occupation _____

Age _____ Birthdate _____

Place of Birth _____

City State

Single Widow Divorced Number this marriage _____

Baptized: Yes No Denomination _____

Confirmed: Yes No Denomination _____

Father's Name _____

First Middle Last

Mother's name _____

First MAIDEN Last

Parent's Address _____

City State Zip Phone

x _____

I have read the *Weddings at CCC* booklet and will abide by the guidelines

GROOM

Full name _____

First Middle Last

Address _____

City State Zip

Phone _____ Business Phone _____

Email: _____

Occupation _____

Age _____ Birthdate _____

Place of Birth _____

City State

Single Widow Divorced Number this marriage _____

Baptized: Yes No Denomination _____

Confirmed: Yes No Denomination _____

Father's Name _____

First Middle Last

Mother's name _____

First MAIDEN Last

Parent's Address _____

City State Zip Phone

x _____

I have read the *Weddings at CCC* booklet and will abide by the guidelines

WITNESSES (Best Man, Maid/Matron of Honor)

1. Full name _____

First Middle Last

2. Full name _____

First Middle Last

FUTURE INFORMATION

Permanent address after marriage _____

State Zip Phone