



Your Wedding at Park Ridge Community Church

Please return this form via fax (847) 823-3165 or mail
100 S. Courtland Ave. Park Ridge, IL 60068

Wedding Information for:

Date and Time:

Bride's Name

Last

First

Middle

Address

Number and Street

City

State and Zip

Phone # Home

Business

E-mail

Age

Religious Affiliation

Previously Married?

Yes

No

If yes, how and when was the marriage terminated?

Are there children from a previous marriage?

Yes

No

Will they be participating in the wedding service?

Yes

No

Groom's Name Last

First

Middle

Address

Number and Street

City

State and Zip

Phone # Home

Business

E-mail

Age

Religious Affiliation

Previously Married?

Yes

No

If yes, how and when was the marriage terminated?

Are there children from a previous marriage?

Yes

No

Will they be participating in the wedding service?

Yes

No

To be filled out by pastor:

Date of counseling appointment #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

Date/Time of Rehearsal _____ Date/Time of Wedding _____

Number of Bride's Attendants _____ Number of Groom's Attendants _____

Jr. Bridesmaids/names and ages _____

Jr. Groomsmen/names and ages _____

Flower Girl /name and age _____

Ring Bearer / name and age _____

Ushers _____ Readers _____

Number of guests expected to attend wedding _____

Church sanctuary _____ Chapel _____ Aisle Runner _____

Candelabra _____ Kneeler _____ Unity Candle _____

Presentation Roses for mothers/grandmothers/others _____

Bulletin provided by our church? _____ Date needed by ___/___/___

Florist _____ Photographer _____

Videographer _____

Organist _____ Other musicians _____

Vocal Soloist _____

Date Minister of Music notified ___/___/___

Service Info: To be filled out by Pastor

Father (other) escorting bride: _____
Name and relationship

Other Information regarding service:

Date fees paid _____