

Trinity Church Newport
Wedding Information Form

Requested Date and Time of Marriage: _____

Rehearsals will be the day prior at 4:00PM.

Are you a member of Trinity Church: Yes No

Do you live locally? (Rhode Island or Massachusetts) _____

The Happy Couple

Full Name: _____

Bride or Groom (Circle one) or Preferred title: _____

Address: _____

Phone Number: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Religion: _____

Baptized: Yes No Approximate Date: _____ Location: _____

Confirmed: Yes No Approximate Date: _____ Location: _____

Is this your first marriage? Yes No

If not, please list the date(s) of your divorce(s): _____

(Please send either a scanned or hard copy of your divorce decree when you return this form.)

Father's full name: _____ Hometown: _____

Mother's full name: _____ Hometown: _____

Full Name: _____

Bride or Groom (Circle one) or Preferred title: _____

Address: _____

Phone Number: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Religion: _____

Baptized: Yes No Approximate Date: _____ Location: _____

Confirmed: Yes No Approximate Date: _____ Location: _____

Is this your first marriage? Yes No Other: _____

If not, please list the date(s) of your divorce(s): _____

(Please send either a scanned or hard copy of your divorce decree when you return this form.)

Father's full name: _____ Hometown: _____

Mother's full name: _____ Hometown: _____

The Wedding Party

Number of Persons in Bride/Groom's Wedding Party:

Number of Persons in other Bride/Groom's Wedding Party:

Flower girl/boy:

Ring Bearer:

Number of Children Involved:

Number of Grandparents Involved:

Total Number of Wedding Party:

(We have a total of 10 parking passes available for the Wedding Party, this will include your photographer/videographer, musicians and any handicap parking)

Approximate number of guests:

During the Ceremony

Photographer | Name: _____

Yes

No

Videography | Name: _____

Yes

No

Soloist/Instrumentalists:

Yes

No

(Note: All music is subject to approval by Trinity's Director of Music, additional musicians must be hired by Director of Music)

Wedding Planner | Name: _____

Yes

No

Flowers

Florist: _____ Phone: _____

Will florist arrange the altar flowers?

Yes

No

Would you like the flowers to left for Sunday's Service?

Yes

No

If yes, bulletin should read: In Honor of...

Payments and Billing

Please initial the following boxes:

I understand that in order to confirm my calendar date, I must deposit a non-refundable \$500.00

I understand that the final payments must be made 30 days before the date of the wedding

I would like to receive ☐ Email or ☐ Mail reminders about my remaining balance, and I will receive these notifications 2 – 3 months prior to my wedding.

Please sign by both parties:

Bride or Groom

Date: _____

Bride or Groom

Date: _____