

**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: _____

