

Wedding Information Form
(To be completed and returned to the church office)

Desired Wedding Date _____ Time _____

Rehearsal Date _____ Time _____

Full Name of Spouse 1: _____

Never Married _____ Widowed _____ Divorced _____ Number of this marriage _____

E-Mail Address _____

Mailing Address _____

Telephone: Home _____ Work: _____ Cell: _____

Date of Birth _____ Occupation _____

Religious Affiliation _____ Baptized? _____ If yes, year _____

Currently a member of a church? Yes _____ No _____

Name and location of church _____

Full Name of Spouse 2: _____

Never Married _____ Widowed _____ Divorced _____ Number of this marriage _____

E-Mail Address _____

Mailing Address _____

Telephone: Home _____ Work: _____ Cell: _____

Date of Birth _____ Occupation _____

Religious Affiliation _____ Baptized? _____ If yes, year _____

Currently a member of a church? Yes _____ No _____

Name and location of church _____

Permanent Address after Marriage _____

Return this application to:
St. Andrew's Episcopal Church
925 S. 85th Street
Omaha, NE 68114

Submission of this application does not guarantee your date or time.
A member of the church staff will contact you to discuss details.