



St. Francis in the Fields Episcopal Church

Wedding Interview Information Form

To be completed and returned to the Marriage Coordinator

Holy Matrimony

Groom's Full Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (office) _____

Email _____

Bachelor or Widower _____ Number of this marriage _____

Occupation _____

Baptized: Yes No Denomination _____

Confirmed: Yes No Denomination _____

Age _____ Date of Birth _____

Place of birth (city, state) _____

Father's name _____

Mother's name (include maiden name) _____

Bride's Full Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (office) _____

Email _____

Maiden or Widow _____ Number of this marriage _____

Occupation _____

Baptized: Yes No Denomination _____

Confirmed: Yes No Denomination _____

Age _____ Date of Birth _____

Place of birth (city, state) _____

Father's name _____ Mother's

name (include maiden name) _____

Date of Ceremony _____ **Hour** _____

Names of witnesses 1. _____

2. _____

Date of Rehearsal _____ **Hour** _____

Permanent address after marriage _____
