

# WEDDINGS AT ST. MATTHEW'S, JAMESTOWN

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**Saint Matthew's Episcopal Church**  
Jamestown, Rhode Island  
Worshiping + Growing + Sharing

## Wedding Information Form 2025

### Requested Date and Time of

**Marriage:** \_\_\_\_\_

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

Are you a member of St. Matthew's Church:  Yes  No  Interested

Do you live locally? (Rhode Island or

Massachusetts) \_\_\_\_\_

### The Happy Couple

**Full Name:** \_\_\_\_\_

Bride or Groom (Circle one) or Preferred title: \_\_\_\_\_

Address:

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ok to text

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: \_\_\_\_\_

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**Full Name:** \_\_\_\_\_

Bride or Groom (Circle one) or Preferred title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ok to text

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: \_\_\_\_\_

## **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:

Approximate number of guests:



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## During the Ceremony

Officiant (circle one) Father Louis Midura

Other Officiant (name) \_\_\_\_\_

**If you desire your own officiant to perform the ceremony, please provide their contact information:**

Phone \_\_\_\_\_

Email \_\_\_\_\_

Communion  Yes  No

Photographer | Name: \_\_\_\_\_  Yes  No

Videography | Name: \_\_\_\_\_  Yes  No

St. Matthew's Organist  Yes  No

Soloist/Instrumentalists  Yes  No

Wedding Planner:  Yes  No Name: \_\_\_\_\_

## Flowers

Florist: \_\_\_\_\_

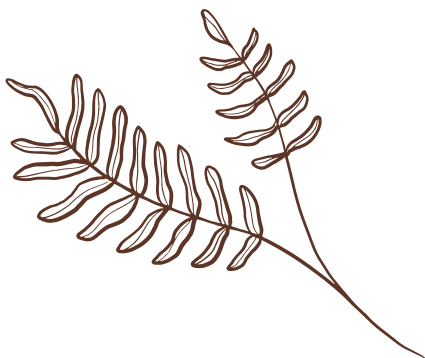
Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



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## 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**

**(wedding coordinator will confirm the final amount due in writing) 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:**

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Date: \_\_\_\_\_

Bride or Groom

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Date: \_\_\_\_\_

Bride or Groom

