

WEDDINGS AT ST. MATTHEW'S, JAMESTOWN



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

Wedding Information Form 2024

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) St. Matthew's Priest

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

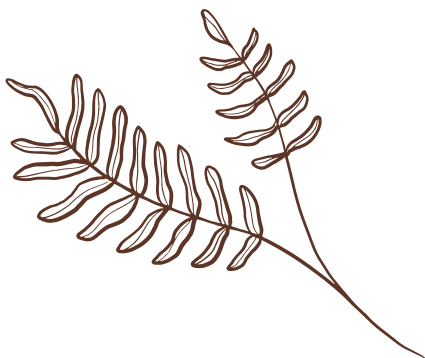
Florist: _____

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:

Date: _____

Bride or Groom

Date: _____

Bride or Groom

