

Assumption Greek Orthodox Church Wedding Information Form

(Please Print Clearly)

Date & Time of Wedding:

Date	Time
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Groom's Information:

Name:

First	Middle	Last
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Current Residence

Address	City	State	Zip
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Religious Information

Religion	Parish
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Contact Information

Home	Work	Cell	Email Address
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Marital History

Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, How many times and in which church?
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Bride's Information:

Name:

First	Middle	Last
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Current Residence

Address	City	State	Zip
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Religious Information

Religion	Parish
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Contact Information

Home	Work	Cell	Email Address
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Marital History

Were you previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, How many times and in which church?
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Wedding Details:

Rehearsal Date and Time:

Date	Time
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Language of Service

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Koumbaro(a)

Name:

Best Man (if different from Koumbaro(a))

Name:

Maid (Matron) of Honor:

Name:

Organist:

Name:

Number in Bridal Party

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Have we received the following documents? (if so, please note the date received)

Date Received

Baptismal Certificate:	<input type="checkbox"/> Groom	<input type="checkbox"/> Bride	
Freedom to Marry (if applicable):	<input type="checkbox"/> Groom	<input type="checkbox"/> Bride	
Civil Divorce (if applicable):	<input type="checkbox"/> Groom	<input type="checkbox"/> Bride	
Church Divorce (if applicable):	<input type="checkbox"/> Groom	<input type="checkbox"/> Bride	
Supplemental Marriage Form (if applicable):	<input type="checkbox"/> Groom	<input type="checkbox"/> Bride	
Church Wedding Affidavit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sent to Metropolis:	
Civil License:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Church License:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stewardship Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Place of Reception:

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Next Meeting Date(s)

Date:	Date	Date	Date	Date
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