

Wedding Request Form

Newton Covenant Church

75 Vernon Street, Newton, MA 02458
617-332-9255; ncc@newtoncovenant.org

Date of Service _____ Day of Week _____ Time _____

Rehearsal Date _____ Day of Week _____ Time _____

Place of Service (check one): Sanctuary Chapel

Bride's Information

Full Name: _____ Age _____

Member of Newton Covenant Church? _____ Other church affiliation: _____

Home Address _____
Street City, State Zip

Contact Phone _____ email: _____

Has Bride been married previously? _____ If yes, why and when was the marriage ended?

Does the Bride have children? _____ Names and ages _____

Groom's Information

Full Name: _____ Age _____

Member of Newton Covenant Church? _____ Other church affiliation: _____

Home Address _____
Street City, State Zip

Contact Phone _____ email: _____

Has Groom been married previously? _____ If yes, why and when was the marriage ended?

Does the Groom have children? _____ Names and ages _____

Address of couple after marriage _____
Street City, State Zip

License to be secured in _____ County

DETAILS OF SERVICE

Pastor/minister(s) to conduct service _____

Estimate number of persons to attend service _____

Attendants:	Bride	Groom
Maid (Matron) of Honor and Best Man	_____	_____
Bridesmaids & Ushers Standing	_____	_____
Ushers at Rear Throughout Service	_____	_____
Flower Girls and Ring Bearers	_____	_____

Where will Bridal Party dress? _____

Name of florist: _____

Will the church organist be required? _____ If yes, has s/he been notified? _____

Name of Soloist, if any: _____

Name of photographer: _____

Will the wedding party remain for pictures after the service? _____

Location of Reception: _____

Location of receiving line: _____

For Office Use Only

RECORD OF CONFERENCE AND APPROVAL OF SERVICE

Name of Bride _____ Name of Groom _____

Has the couple read and agreed to the church policy concerning marriage? _____

Date met to arrange service _____ Met with _____

Date approved by Pastor _____ Signature _____

Date approved by Leadership Team _____ Signature _____

Has the sanctuary/chapel been reserved on the Church Calendar? _____ By _____

Date confirmation was sent, etc. _____ By _____

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Ministers | <input type="checkbox"/> Master Calendar |
| <input type="checkbox"/> Bride | <input type="checkbox"/> Organist |
| <input type="checkbox"/> Florist | <input type="checkbox"/> Soloist |

Special Information: