

**THE NORTH PARISH OF NORTH ANDOVER
UNITARIAN UNIVERSALIST**

190 Academy Road, North Andover, MA 01845-4022
978-687-7948 E-Mail Office@northparish.org

WEDDING INFORMATION FORM (See Wedding Brochure for Fees and full information)

Date of Wedding: _____ Time: _____

Date of Rehearsal: _____ Time: _____

Name of Officiating Cleric: _____

COUPLE INFORMATION (Fill out separately for each person.)

1. Name in Full: _____
(no initials please)

Address: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Religion: _____

Number of Marriage (1st, 2nd, etc.): _____ Single _____ Widowed _____ Divorced

If divorced, date of decree: _____

2. Name in Full: _____
(no initials please)

Address: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Religion: _____

Number of Marriage (1st, 2nd, etc.): _____ Single _____ Widowed _____ Divorced

If divorced, date of decree: _____

THE CEREMONY

Name(s) of Other Participating Clergy: _____

Number of Attendants: _____ Men _____ Women _____ Children

Double Ring Ceremony: _____ Yes _____ No

Candlelight Ceremony: _____ Yes _____ No

Thank you for taking the time to complete this form. Confirmation of your wedding and rehearsal dates will be made upon receipt at the church of this completed form, including the \$100 nonrefundable fee for non-members of the church to reserve the sanctuary.

Your cancelled check will be your receipt of these arrangements.