

**THE NORTH PARISH OF NORTH ANDOVER  
UNITARIAN UNIVERSALIST**  
190 Academy Road  
North Andover, MA 01845-4022  
978-687-7948  
[office@northparish.org](mailto:office@northparish.org)

**WEDDING INFORMATION FORM**

Date of Wedding: \_\_\_\_\_ Time: \_\_\_\_\_ Confirmed? \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_ Confirmed? \_\_\_\_\_

Name of Officiating Cleric: \_\_\_\_\_ Confirmed? \_\_\_\_\_

Name of Florist: \_\_\_\_\_

Reception at First Parish: Yes/No Time: \_\_\_\_\_

**COUPLE INFORMATION (Fill out separately for each person.)**

1. Name in Full: \_\_\_\_\_  
(no initials please)

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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2. Name in Full: \_\_\_\_\_  
(no initials please)

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

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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**RECEIPT of FEES**

Non-Refundable Deposit \$100: Date Received \_\_\_\_\_ Check # \_\_\_\_\_

Remaining Sanctuary Fee \$500 less Deposit: Date Received \_\_\_\_\_ Check # \_\_\_\_\_

Sexton's Fee ~\$150: Date Received \_\_\_\_\_ Check # \_\_\_\_\_

*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.*