

Wedding Registration Form

Date of Wedding_____

Location of Wedding_____

Bride:_____

Church Affiliation_____

Bride's Father_____

Bride's Mother_____

Groom_____

Church Affiliation_____

Groom's Father_____

Groom's Mother_____

Officiating Minister_____

Assisting Minister_____

Assisting Minister_____

Maid/Matron of Honor_____

Bride's Maids_____

Best Man_____

Groom's Men_____

Wedding Planner_____

Date of Rehearsal_____

Location of Reception_____

Dates of Counseling _____