

# WEDDING ARRANGEMENTS FORM

First Baptist Church • 239 Middle Street • P. O. Box 1463 • New Bern, NC 28563 • 252-638-5691

(Form must be completed and returned to the church office prior to premarital counseling sessions)

## BRIDE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Are you a Christian? \_\_\_\_\_  
Church Affiliation \_\_\_\_\_

## GROOM

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Are you a Christian? \_\_\_\_\_  
Church Affiliation \_\_\_\_\_

## NEW ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
New Phone \_\_\_\_\_  
Approximate number of guests \_\_\_\_\_  
Person to present bride \_\_\_\_\_  
Ring or Unity Candle Ceremony? \_\_\_\_\_

## LIST ALL ATTENDANTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MUSIC FOR CEREMONY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MUSICIANS

\_\_\_\_\_  
\_\_\_\_\_  
Director \_\_\_\_\_ Florist \_\_\_\_\_ Phone \_\_\_\_\_  
Hostess \_\_\_\_\_ Janitor \_\_\_\_\_  
Photographer \_\_\_\_\_ Phone \_\_\_\_\_  
Caterer \_\_\_\_\_ Phone \_\_\_\_\_  
Special remarks or requests \_\_\_\_\_

We have read and agree to the stipulations of this wedding manual policy.

Date of confirmation \_\_\_\_\_

\_\_\_\_\_  
Bride's Signature

\_\_\_\_\_  
Groom's Signature

\_\_\_\_\_  
Officiant's Agreement

## REHEARSAL

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Time doors to be opened \_\_\_\_\_

## WEDDING

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Time doors to be opened \_\_\_\_\_

## WEDDING PLACE (circle one)

Sanctuary Pastor's Study Chapel  
Other \_\_\_\_\_

## MINISTER'S NAME

\_\_\_\_\_

## RECEPTION

Yes \_\_\_\_\_ No \_\_\_\_\_

## RECEPTION LOCATION (circle one)

Family Life Center Home Parlor  
Other \_\_\_\_\_

## CAKE CUTTING

Yes \_\_\_\_\_ No \_\_\_\_\_