

**Union Congregational Church, United Church of Christ**

176 Cooper Avenue, Montclair, NJ 07043-1886

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**INFORMATION FOR UNION SERVICE**

*To help in planning your marriage, please fill out this form (print or type) and return to the church office.*

**PARTNER A**

Date of form: \_\_\_\_\_

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(FULL First Name, FULL Middle Name, Last Name) (if preferred for informal use)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month, Day, Year) (City/Town, State)

Present Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Present phones: Home: \_\_\_\_\_ Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer name: \_\_\_\_\_ City & State: \_\_\_\_\_

Have you previously been married?  Yes  No Maiden name (if different from above): \_\_\_\_\_

Children's names and ages, if any: \_\_\_\_\_

Have you been baptized?  Yes  No Are you presently a member of any church?  Yes  No

Church affiliation: \_\_\_\_\_  
(Name & denomination, City/Town & State)

**PARTNER B**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(FULL First Name, FULL Middle Name, Last Name) (if preferred for informal use)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month, Day, Year) (City/Town, State)

Present Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Present phones: Home: \_\_\_\_\_ Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer name: \_\_\_\_\_ City & State: \_\_\_\_\_

Have you previously been married?  Yes  No Maiden name (if different from above): \_\_\_\_\_

Children's names and ages, if any: \_\_\_\_\_

Have you been baptized?  Yes  No Are you presently a member of any church?  Yes  No

Church affiliation: \_\_\_\_\_  
(Name & denomination, City/Town & State)

**MARRIAGE SERVICE**

Preferred dates: Wedding \_\_\_\_\_ Time: \_\_\_\_\_ Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_  
(Day of week, month & date, year)

Alternate dates: Wedding \_\_\_\_\_ Time: \_\_\_\_\_ Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_  
(Day of week, month & date, year)

Site of Wedding:  UCC Sanctuary  UCC Chapel  Other Approx No. of Guests: \_\_\_\_\_

If other, name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Number and Street, City/Town, State)

**WEDDING PARTY** (Please list names, phones, e-mails and addresses where indicated)

Maid/Matron of Honor: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Number and Street, City/Town, State)

Bridesmaids: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

Best Man: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Number and Street, City/Town, State)

Ushers: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

Others, if desired:  Flower girl: \_\_\_\_\_  Ringbearer \_\_\_\_\_

Father of the Bride (or other presenter): \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER PARTICIPANTS** (Please list names, phones, e-mails and addresses where indicated)

Minister:  UCC  Guest-Name: \_\_\_\_\_

Guest minister's affiliation: \_\_\_\_\_  
(Name of church & Denomination, City/Town, State & Zip)

Guest minister's address: \_\_\_\_\_  
(Number and Street, City/Town, State)

Guest minister's Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Musician(s):  UCC organist  Singer(s)  Instrumentalist(s)  Instruments \_\_\_\_\_

Musician name: \_\_\_\_\_ Phone(s) \_\_\_\_\_ e-mail \_\_\_\_\_

Musician name: \_\_\_\_\_ Phone(s) \_\_\_\_\_ e-mail \_\_\_\_\_

Musician name: \_\_\_\_\_ Phone(s) \_\_\_\_\_ e-mail \_\_\_\_\_

Music desired: \_\_\_\_\_

Florist: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Photographer/Videographer: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Other(s) (specify functions): \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

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**MISCELLANEOUS**

Appointment(s) with minister for pastoral conversations and planning. Please allow for four sessions.

Please list several convenient dates and times: \_\_\_\_\_

Special arrangements for the wedding (specify) : \_\_\_\_\_

Kneeling rail  Aisle runner  Unity Candle  Candelabrum(-bra)  Other: \_\_\_\_\_

Number of pews to be reserved for families: Bride (Left) \_\_\_\_\_ Groom (Right) \_\_\_\_\_

Reception at (name) : \_\_\_\_\_ Phone: \_\_\_\_\_

Address of reception \_\_\_\_\_ e-mail: \_\_\_\_\_  
(Number and Street, City/Town, State)

Address after marriage: \_\_\_\_\_ Apt: \_\_\_\_\_  
(Number and Street))

\_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(City, State, Zip)

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**FOR UCC OFFICE USE**

Active Member/offspring?  Yes  No  Clergy  Yes  No  
 Bldg  Yes  No  Organist  Yes  No

Total Fees \$ \_\_\_\_\_ Deposit of \$ \_\_\_\_\_ Paid on \_\_\_\_\_

Balance of \$ \_\_\_\_\_ Due on \_\_\_\_\_

Dates reserved: Conver. 1: \_\_\_\_\_ Conver. 2: \_\_\_\_\_ Conver. 3: \_\_\_\_\_ Conver. 4: \_\_\_\_\_

Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_ Wedding: \_\_\_\_\_ Time: \_\_\_\_\_

Marriage License: Date: \_\_\_\_\_ No: \_\_\_\_\_ City/Town & State \_\_\_\_\_

Married on: \_\_\_\_\_ Minister: \_\_\_\_\_ Fees paid in full : \_\_\_\_\_