

Union Congregational Church, United Church of Christ

176 Cooper Avenue, Montclair, NJ 07043-1886

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INFORMATION FOR MARRIAGE SERVICE

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

BRIDE

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)

GROOM

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 _____

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)

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 : _____