

First Congregational Church of Saugatuck

Couple's Information Form



Wedding Date & Time

Rehearsal Date & Time

Spouse's Name _____

Spouse's Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Home Church _____

Home Church _____

Alternate person to contact

(i.e. mother of the bride, mother of the groom)

Name _____

Telephone _____

Relationship _____

**Please fill out the following information as you are able at this time.
This information will be shared with the Pastor and the Wedding Coordinator**

1st Witness's Name _____

2nd Witness's Name _____

Address _____

Address _____

Number of guests _____

Candlelighters Yes ___ No ___

Name of parking lot attendant _____

Name of Ushers _____

Name of musician(s) _____

Formal Pictures Before Yes ___ No ___

Videotaping Yes ___ No ___

Formal Picture After Yes ___ No ___

Church Candelabra Yes ___ No ___

Name of Photographer _____

Name of Videographer _____

Bridal Party Arrival Time _____ Dress At Church Yes _____ No _____

Flower Delivery Time _____

Name of florist _____

Will flowers be left for Sunday? _____

If not, who is responsible for removing the flowers? _____

Any special seating arrangements? _____

Other information _____

**Please return this information by _____ with your refundable
Security Deposit of \$100 to:
First Congregational Church of Saugatuck
P.O. Box 633
Saugatuck, Michigan 49453**

Call the church office with any questions you may have. 269-857-2929

SIGNATURE OF SPOUSE _____ DATE _____

SIGNATURE OF SPOUSE _____ DATE _____