

**First Congregational Church of Saugatuck
Couple's Information Form**

Date of wedding _____
Time of wedding _____
Bride's name _____
Address _____

Date of rehearsal _____
Time of rehearsal _____
Groom's name _____
Address _____

Telephone: Day _____
Evening _____

Telephone: Day _____
Evening _____

Church member of _____
Church presently attending _____

Church member of _____
Church presently attending _____

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.

1st witness (maid or matron of honor)
Name _____
Address _____

2nd witness (best man)
Name _____
Address _____

Number of guests _____
Name of parking lot attendant _____
Name of organist _____
Other musicians _____
Music and titles _____

Candlelighters? Y/N _____
Name of Ushers _____
Name of soloist _____

Formal pictures: before _____ Videotaping: yes _____ Church's candelabra: yes _____
(plan 30-45 mins) after _____ no _____ no _____
Name of photographer _____
Dress at church: yes _____ What time? _____ Time flowers will arrive _____
(plan 30-45 mins) no _____ (up to two hours ahead) (up to two hours ahead)
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 BRIDE _____ DATE _____

SIGNATURE OF GROOM _____ DATE _____