

GROOM:

NAME: _____

ADDRESS: _____
_____TEL. NO.: _____ (w) _____ (h)
_____ (mobile)

Email: _____

MARITAL STATUS: _____ D.O.B.: / /

DENOMINATION: _____ BAPTISED: YES / NO

BRIDE:

NAME: _____

ADDRESS: _____
_____TEL. NO.: _____ (w) _____ (h)
_____ (mobile)

EMAIL: _____

MARITAL STATUS: _____ D.O.B.: / /

DENOMINATION: _____ BAPTISED: YES / NO

PREFERRED WEDDING DATE:WE WOULD LIKE THE WEDDING TO BE ON: _____
(day)_____ at _____
(date) (time)

Expected number of Guests _____

SIGNATURES: _____

**PLEASE COMPLETE THIS FORM WITH ENCLOSED DEPOSIT
CHEQUE MADE PAYABLE TO: ST. MARGARET'S ANGLICAN
CHURCH** and return to: The Wedding Co-ordinator,
79-81 Pitt Street, Eltham, VIC 3095**IMPORTANT****PLEASE
FILL IN
BOTH SIDES
OF FORM****CONTACT DETAILS AFTER WEDDING**

NAME: _____

ADDRESS: _____

TEL. NO.: _____

Email: _____

Office use only:
(amount & date)

Deposit received

\$ _____

Amount owing

\$ _____

Final payment
received

\$ _____

Celebrant

Verger

Organist

09/04