



St. Martin in the Fields

EPISCOPAL CHURCH

Wedding Information Form

Partner One: _____

Phone Number: _____

Address: _____

Partner Two: _____

Phone Number: _____

Address: _____

Wedding Date: _____

Wedding Time: _____

Rehearsal Date: _____

Rehearsal Time: _____

Reception Location: _____

Reception Time: _____

Anticipated No. of Guests: _____

Anticipated No. in Wedding Party: _____



Do you need the church bridal suite? Y / N

Livestream of wedding needed? Y / N

Wedding Planner: _____

Phone Number: _____

Vendor Information:

Additional Notes:

