



st. thomas episcopal church

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Wedding Information Form

Full Name of First Adult: _____

Phone #: Home: _____ Work _____ Cell: _____

Address: _____

Email: _____ Date of birth: _____

Baptized? _____ Denomination? _____ Confirmed? _____ Denomination? _____

Never been married Widowed Divorced Number of previous marriages _____

Father's full name and address _____

Mother's full name (incl. Maiden name) and address _____

Full Name of Second Adult: _____

Phone #: Home: _____ Work _____ Cell: _____

Address: _____

Email: _____ Date of birth: _____

Baptized? _____ Denomination? _____ Confirmed? _____ Denomination? _____

Never been married Widowed Divorced Number of previous marriages _____

Father's full name and address _____

Mother's full name (incl. Maiden name) and address _____

Couple's name after wedding _____

Mailing address after wedding _____

Date of wedding _____ Time _____ Place _____

Date of rehearsal _____ Time _____ Place _____

(Traditionally the Rehearsal takes place at 4:00pm the eve of the wedding)

Location and time of reception _____

Marriage service only Nuptial Eucharist Estimated number of guests _____

Florist _____ Photographer _____

Name of Wedding Planner _____ Phone number _____

Special Instructions _____

First Witness _____ Second Witness _____