

First United Church, Truro, NS – Wedding Request Form

711 Prince Street, Truro, NS, B2N 5C1

office@firstunited.ca

Please provide the following information to enable your wedding to be booked through our church office. Please print clearly.

PARTNER 1

Full Name: _____

Address: _____

Phone: (cell) _____ (other) _____

Email: _____

Age: _____ Marital Status: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Religion: _____

Parent 1 (full name): _____

Parent 1 place of birth: _____ Parent 1 surname at birth: _____

Parent 2 (full name): _____

Parent 2 place of birth: _____ Parent 2 surname at birth: _____

PARTNER 2

Full Name: _____

Address: _____

Phone: (cell) _____ (other) _____

Email: _____

Age: _____ Marital Status: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Religion: _____

Parent 1 (full name): _____

Parent 1 place of birth: _____ Parent 1 surname at birth: _____

Parent 2 (full name): _____

Parent 2 place of birth: _____ Parent 2 surname at birth: _____

WITNESS 1

Full Name: _____

Address: _____

WITNESS 2

Full Name: _____

Address: _____

Date and Time of Wedding: _____

Date and Time of Rehearsal: _____

Number of Individuals in Wedding Party: _____

Number of expected guests: _____



To the best of our knowledge, the above-mentioned information is accurate.

Signature of Partner 1: _____ Date: _____

Signature of Partner 2: _____ Date: _____



(for office use)

Signature of Presiding Minister: _____ Date: _____

Signature of Minister of Music: _____ Date: _____

Signature of WMC Committee Rep: _____ Date: _____

Volunteer to open/close sanctuary on wedding day: _____

Cleaner: _____ Cleaning Time: _____

<p><u>Contact Information</u></p> <p>First United Church Office – office@firstunitedtruro.ca; 902-895-8098</p> <p>Rev. Cathie Crooks – cathie@firstunitedtruro.ca</p> <p>Chris Bowman – chrisbowmanmakesmusic@gmail.com</p>
