

CEREMONY INFORMATION — Please complete this form as fully as possible with the plans, however tentative, you have made to date.

Today's date:



Legal name

Called what during the ceremony?

Age today

Address/City/State/Zip

Home phone

Work phone

Cell phone

Email

Legal name

Called what during the ceremony?

Age today

Address/City/State/Zip

Home phone

Work phone

Cell phone

Email

Out-of-town couples only: Kansas City contact

Address/City/State/Zip

Home phone

Work phone

OTHER PARTICIPANTS (use reverse if necessary)

best person/man, maid/matron of honor, groomsmen, usher, bridesmaids, flower girl/boy, ring bearer, guest book attendant

Name

Role

Relationship

Please list musicians/sound engineer, photographer, florist, facility contact, etc on the reverse side.

CRES, Box 45414, Kansas City, MO 64171; **www.cres.org** email **vern@cres.org**

Mon Tue Wed Thu Fri Sat Sun

THE CEREMONY



Date 201__ __ Time __

Address:

City and County:

Facility phone:

Rain address:

City and County:

Rain phone:

Number of guests:

THE RECEPTION

Date 201__ __ Time __

Place:

Facility phone:

Rain address:

Rain phone:

Number of guests:

THE REHEARSAL

Date 201__ __ Time __

Place:

Facility phone:

Rain address:

Rain phone:

THE REHEARSAL DINNER

Date 201__ __ Time __

Place:

Phone:

INITIAL CONSULTATION

Date 201__ __ Time __

Place:

Phone:

MINISTER'S NOTES

Y N	Alb/stole/shawl	Welcome "God"	Reading	Lic#
Y N	Programs	Declaration Child/ren	Ring Words	
M C N	Chalice	Fam Bless	Unity Candle	Lic Date
Y C N	Min Table	Flowers/Parents	Pronounce	
T C S	Seating	Guests Bless	Ben Min All	Lic Co.
S B V	Vows	Address 1 2 3 4 5	IntroReptn	
0 1 2	Rings			
A N 0	Wine C M			
		F M SF SM	F M SF SM	