

Park Place Congregational United Church of Christ 71 Park Place

Park Place
Pawtucket, RI 02860
Phone: (401)726-2800
Fax: (401)727-7671

e-mail: office@ppucc.necoxmail.com

Holy Matrimony

		Application Date:
Rehearsal Date:	Wedding Date:	Time:
Groom's Full Name:	Phone:	
Address:	City/State:	
Denomination:	Date of Birth:	Age:
Place of Birth: City:	State:	
Father's Name:	Mother's Name:	
Address:	Address:	
City/State:	City/State:	
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Groom's Full Name:	I	Phone:
Address:	City/S	State:
Denomination:	Date of Birth:	Age:
Place of Birth: City:	State:	
Father's Name:	Mother's Name:	<u> </u>
Address:	Address:	
City/State:	City/State:	
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Scheduled Meetings with the Pasto	or:	
1. Date:	Time:	
2. Date:	Time:	
3. Date:	Time:	

Miscellaneous Information

Place of Service: Church: Cha	pel:Other:
e e	s to be purchased at Pawtucket City Hall, 137 Roosevelt Ave. another location is to be used for the wedding ceremony, the license
	Church: Yes: No: (if Park Place Pastor is not
officiating) Who will be the officiate:	(Name of Pastor, Justice of the Peace, etc)
Organist:	(Church Organist) Yes:No:
Church Soloist: Yes: No:	(Church Choir) Yes:No:
Music for Ceremony: Who:	Instrument:
Vocalist:	Phone: (contact only if needed)
Unity Candle: Yes: No:	Secretarial service: Yes:No:
Attendants:	
	Best Man:
Grooms-Maids:	
Grooms-men:	
Grooms-men	
	
Flower Girl:	Ring Bearer:
	<u> </u>
Lay Reader(s):	
Special Participates:	
Florist:	
Photographer:	
· ·	IS NO PHOTOGRAPHY <u>DURING</u> THE CEREMONY. ANY RECREATED FOR THE PHOTOGRAPHER FOLLOWING THE
Reception:	
Holy Communion: Yes: No:	Traditional Vow: Yes: No:
Who will escort the Bride to the Altar? _	