

MARRIAGE CEREMONY APPOINTMENT FORM

Please Mail or Fax this form to:

Gloria Kongsrud, Box 58, Jasper, AB T0E 1E0 Fax: (780)852-3763

Date of Marriage: _____ Day: _____ Time: _____

Location of Marriage: _____ Phone #: _____

Number of Guests: _____

Rehearsal or Pre Ceremony: Date: _____ Time: _____ Location: _____

GROOM'S INFORMATION

Surname: _____ Given Names: _____

Name to be used in Ceremony: _____

Residence Phone: _____ Business Phone: _____

Address: _____

BRIDE'S INFORMATION

Surname: _____ Given Names: _____

Name to be used in Ceremony: _____

Residence Phone: _____ Business Phone: _____

Address: _____

WITNESS INFORMATION

NAME OF BRIDE AND GROOM

1st WITNESS:

NAME: _____ **AGE:** _____

ADDRESS: _____

PHONE NO. _____

2nd WITNESS:

NAME: _____ **AGE:** _____

ADDRESS: _____

PHONE NO. _____

Note: WITNESSES MAY BE EITHER BOTH MALE OR BOTH FEMALE, AND CAN BE ANYONE,
PROVIDING THEY ARE OVER EIGHTEEN YEARS OF AGE.