

ST. JOHN ON THE MOUNTAIN

379 MOUNT HARMONY ROAD
BERNARDSVILLE, NJ 07924
(908) 766-2282
www.sjotm.org

WEDDING INFORMATION APPLICATION FORM

Date of application _____

Desired Wedding day/date _____ Wedding Time _____
Desired rehearsal day/date _____ Time if other than 5:00pm _____
Place of Wedding (circle one) Church Chapel

Bride's information

Full legal name of Bride _____

Date of birth ___/___/___ current age _____ Circle one: single / widow / divorced

Current address _____

street

city

state

zip code

Home phone (____) _____ - _____ Home email _____

Cell phone (____) _____ - _____

Work phone (____) _____ - _____ Work email _____

Mother's name (even if deceased) _____

Father's name (even if deceased) _____

Current church membership: parish & city _____

Baptized (circle one) Yes No Date and denomination _____

Confirmed (circle one) Yes No Date and denomination _____

Groom's information

Full legal name of Groom _____

Date of birth ___/___/___ current age _____ Circle one: single / widow / divorced

Current address _____

street

city

state

zip code

Home phone (____) _____ - _____ Home email _____

Cell phone (____) _____ - _____

Work phone (____) _____ - _____ Work email _____

Mother's name (even if deceased) _____

Father's name (even if deceased) _____

Current church membership: parish & city _____

Baptized (circle one) Yes No date and denomination _____

Confirmed (circle one) Yes No date and denomination _____

Wedding Information

Number of guests expected _____ Number of attendants for bride _____ for groom _____

Eucharist (circle one) Yes No Name of florist _____

Signature of bride or groom _____ Date _____