

Registration for Weddings and Blessings

Today's Date _____

Ceremony Date _____ Time _____

Rehearsal Date _____ Time _____

First Party Information

Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Age _____ Date of Birth _____

Work Phone _____ Email _____

Mobile Phone _____

Religious Affiliation _____

If Christian, have you been baptized? _____ Date _____

Second Party Information

Full Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Age _____ Date of Birth _____

Work Phone _____ Email _____

Mobile Phone _____

Religious Affiliation _____

If Christian, have you been baptized? _____ Date _____

The Episcopal Church of the Incarnation
1750 29th Ave.
San Francisco, CA 94122-4223

Ceremony Information

Will you need Incarnation clergy to perform the ceremony? Yes _____ No _____

If not, please provide contact information for the officiant/minister:

Name _____

Religious Affiliation _____

Contact Phone _____ email address _____

Will you need the services of our organist? Yes _____ No _____

If not, who will provide music at the ceremony?

Name _____ Contact Phone _____

Name of florist _____

Name of photographer _____ Phone _____

Have you attended a service at Church of the Incarnation? Yes _____ No _____

Do you wish to be on the Church of the Incarnation mailing list? Yes _____ No _____

How did you hear about Church of the Incarnation?

Special Requests/Other:

Signature _____ Date _____

INCARNATION INTERNAL USE ONLY

Deposit Received _____ Date _____

Time Block Reserved: From _____ To _____

Received by _____

Clergy Officiant _____

Signature _____

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