St Mark's Church Casino

85 Walker Street
PO Box 71 Casino NSW 2470
Ph 02 66621018
Email office@casinoanglicanchurch.org

WEDDING DETAILS Details			
Location:	Date Time		
Bridegrooms Details			
Name:	**Phone:**	**Address:**	
Marital Status	Never validly married	Divorced	Widower
Birth Certificate:	Baptism Certificate	Decree Absolute	Death Certificate
Brides Details			
Name:	**Phone:**	**Address:**	
Marital Status	Never validly married	Divorced	Widower
Birth Certificate:	Baptism Certificate	Decree Absolute	Death Certificate
INTERVIEW PROGRAMME			
Date of initial contact		Date of initial interview	
Interview number two		The Christian Marriage service	
Rehearsal: Y/N	Date:	Day	Time:
Fees:	Paid:		
WITNESSES (Who must be over eighteen years of age)			
Bridegroom's witness Full Name			
Bride's witness Full Name			
Ceremony			
Number in bridegroom's party:			

Number in bride's party:			
One ring ceremony		Two ring ceremony	
Colour of bridal party:			
Approximate number of guests at church:			
Address after marriage			
PHOTOGRAPHY			
Will a photographer be used during the service?		Yes/No	
Name of Photographer or studio			
Will a video be taken during the service?		Yes/No	
Name of person/ studio taking the video			
MUSIC			
Music for Processional. (Entry) (If there is no selection the Organist will select an appropriate piece.)			
Music for Recessional. (Leaving.) (If no selection the Organist will select an appropriate piece.)			
If a Soloist is to sing during the service.	Name of soloist	Phone	Title of Hymn
If the congregation is to sing during the service.	Title of Hymn	Number	
SCRIPTURE READING			
If scripture is to be read by relative or friend.		Name of reader	
Scripture lesson:			