

I Do Weddings NOLA and Coast
Rev. Dr. Gerald "Jerry" Schumm, Officiant
Wedding Information Form

Consultation Date _____ Consultation Location _____

Date of Wedding _____ Time _____ Date of Rehearsal _____ Time _____

Wedding Location _____ Location Phone () _____

Location Address _____ Contact Person _____
(Street) (City)

Reception _____ Reception Address _____
(Hall) (Street) (City)

Bride _____ Cell Phone () _____
(First) (Middle) (Last)

Email Address _____ Home Phone () _____

Occupation _____ Office Phone () _____

Groom _____ Cell Phone () _____
(First) (Middle) (Last)

Email Address _____ Home Phone () _____

Occupation _____ Office Phone () _____

Current Contact Address _____ Zip _____
(Street) (Apt.) (City)

Future Contact Address _____ Zip _____
(Street) (Apt.) (City)

Parents' Names:

Bride: Mother _____ Father _____

Groom: Mother _____ Father _____

Maid/Matron of Honor _____ Best Man _____

Number of: Bridesmaids _____ Groomsmen _____ Jr. Attendants _____ Ushers _____

Flower Girl _____ Age: _____ Ring Bearer _____ Age: _____

Information below to be completed at time of consultation

Traditional Music _____ Musicians (Y/N) _____ Vocalist (Y/N) _____ Other _____

Communion _____ Wedding Candle/Sand _____ Roses _____ Robe _____ Readings/Readers _____

Photographer _____ Videographer _____ Florist _____ License _____ (bring to the rehearsal or arrange with Dr. Schumm)

Special Service requests: _____

