

Celebrating and honouring life's precious moments

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WEDDING INFORMATION FORM

| PARTNER A | PARTNER B |
|--|--|
| FIRST NAME * | FIRST NAME * |
| LAST NAME * | LAST NAME * |
| Birth Date * (Day/Month/Year) | Birth Date * (Day/Month/Year) |
| Home Address * (include city, province, postal code) | Home Address * (include city, province, postal code) |
| Mobile Telephone * | Mobile Telephone * |
| Email | Email |
| Name of Parent * | Name of Parent * |
| Name of Parent * | Name of Parent * |
| WEDDING DATE & TIME | |
| WEDDING DATE * (Day / Month / Year) WEDDING | FIME Will your wedding take place during a statutory holiday or a long weekend? |
| | If undecided, give approximate time. No Yes (additional \$120 applies) |
| WEDDING LOCATION & CONTACT INFORMATION | |
| Ceremony venue * (if on private property, write "home of" and the person's name) | |
| Address (include city, province, postal code) | |
| Key contact (name and telephone) | Website (if any) |
| WEDDING SERVICES REQUIRED | |
| MARRIAGE OFFICIANT PHOTOGRAPHER WED | DING DAY COORDINATOR DJ MUSICIAN / BAND |
| NOTE: Retainer will be needed to book officiating or wedding coordination services; booking form is a separate document signed at the time of reservation. | |
| WITNESSES FOR COUPLE | (two people over 18 years old) |
| Name of Witness 1: * | Name of Witness 2: * |
| Relationship to Partner A: | Relationship to Partner B: |
| City & Province / State: * | City & Province / State: * |
| Telephone: | Telephone: |
| NOTE: Information marked with an * is required by the Marriage Office of the Registrar General of Ontario. | |
| Consultation requested for the following day or week: | Day Evening Weekend |
| How did you learn about Lifetime Ceremonies? LC Website | Google/Internet search Family or Friend Event Other |
| Name of margam(s) who referred you to lifetime Coremonics | |

Name of person(s) who referred you to Lifetime Ceremonies: