

Wedding Information Form (2)
THE ANGLICAN CHURCH OF AUSTRALIA
SAINT JOHN'S TOORAK

86 CLENDON ROAD, TOORAK 3142
e-mail: enquiries@saintjohnstoorak.org Website: www.saintjohnstoorak.org
Telephone: 9826 1765; Fax: 9826 4395

INFORMATION REQUIRED FOR YOUR MARRIAGE SERVICE
MUST BE COMPLETED AND RETURNED NO LATER THAN ONE MONTH BEFORE THE WEDDING.

SURNAMES: (Groom) (Bride)

DAY OF WEEK MONTH & YEAR TIME am / pm

1. Do you want an Anglican Priest as celebrant at your wedding other than St John's Clergy? YES / NO

If Yes, name and contact details

Do you request that another priest/pastor/minister assist? YES / NO

If Yes, name and contact details

2. Do you wish to include Holy Communion (the Mass / Eucharist) in the service? YES / NO

3. Do you have a preference regarding the order of service to be used? If no circle CLERGY TO SELECT

- | | |
|---|--|
| <input type="checkbox"/> A Prayer Book for Australia Second Order | <input type="checkbox"/> Book of Common Prayer 1662 |
| <input type="checkbox"/> A Prayer Book for Australia First Order | <input type="checkbox"/> Common Worship 2000 (The Church of England) |

4. Optional: Do you plan to have a printed order of service? YES / NO

If you are having a printed order of service, the celebrant should see a draft before it is printed.

5. Preferred Christian names to be used during the service - please print clearly

(Groom) (Bride)

6. **Rings:** [] Each to receive. [] Bride only to receive.

7. **Witnesses' FULL** names. The law requires you to have **TWO** witnesses who are over 18.
NB: FULL NAMES means **ALL** names in full, correctly spelt, block printing!

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8. **Music** (if no special requests, please write "traditional music"):

(a) At the entry:

During the signing:

As you leave:

(b) In consultation with the Director of Music:

Will there be other musicians as well as the organist? (Instrumentalists, singers, choir) YES / NO

If 'Yes', please give details:

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9. **Hymn(s):** (if no hymns circle NONE)

1.....

2.

3.

10. **Reading(s):** (At least one from the Bible, and others as you wish.) Reader(s):

..... Read by

..... Read by

..... Read by

11. **Prayers:**

Are the prayers to be read by family members/friends? YES / NO . If 'Yes', their name(s):

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12. Church grounds: Are you intending to serve refreshments for the guests after the service? YES / NO
(The hall is unlikely to be available if weather outside is unsuitable).

13. Any special requests or requirements?

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14. **Hire of Buxton Hall**

Are you intending to hire the Hall (for bookings ph. 9826 1765) YES / NO

15. **Contact Details**

Please provide us with your current address, a phone number, and Email address.

Name/s.....

Address.....

Phone

Email

16. **Payment:**

If you have not yet finalised your payment you may do so by contacting the parish office (98261765 during office hours) to pay by credit card, or pay by bank transfer using the details below

Bank Transfer

(use your names as the reference – eg. name/name) St John's - BSB 033086 Account Number 871931

if paying by bank transfer please email the office enquiries@saintjohnstoorak.org to advise of payment