

573-682-2133
 (PHONE)
 573-682-3361
 (FAX)



Wedding Form

PLEASE TYPE
 OR PRINT
 LEGIBLY

By submitting this form you are authorizing the *Centralia Fireside Guard* to print this information in our style. Please write only in the space provided.

This form must be returned to the *Guard* within **90 (ninety)** days of the date of the wedding for full details of the wedding to be published. If it is not returned by the deadline, only a photograph and a brief announcement of the wedding will be printed.

Bride's Name:	City/State of Residence:	Groom's Name:	City/State of Residence:

Date Form Submitted:	Date of Wedding:	Time:	Ceremony:
		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Location: (Name of church, government building, etc., City/State)	Name of Officiating Clergy:

<input type="checkbox"/> Double Ring Ceremony or <input type="checkbox"/> Single Ring Ceremony	The Bride Was Given In Marriage By: (Name)	Relationship:

Brief Description of the Bride's Gown and Flowers:

<input type="checkbox"/> Maid <input type="checkbox"/> Matron of Honor's Name:	City/State of Residence:	Relationship:

Bridesmaids Names:	City/State of Residence:	Relationship:

Best Man's Name:	City/State of Residence:	Relationship:

Groomsmen Names:	City/State of Residence:	Relationship:

Ushers Names:	City/State of Residence:	Relationship:

Flower Girl:	City/State of Residence:	Relationship:	Ring Bearer:	City/State of Residence:	Relationship:

Candle Lighter:	City/State of Residence:	Relationship:	Candle Lighter:	City/State of Residence:	Relationship:

<input type="checkbox"/> Organist <input type="checkbox"/> Pianist Name:	City/State of Residence:	Other Attendant: (Please use reverse for additional)	City/State of Residence:	Relationship:

