

Fort Herkimer Church Wedding Information Form

Today's Date: _____

Personal Information

Your Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Wedding Information

Wedding Date: _____

Wedding Time: _____

Rehearsal Date: _____

Rehearsal Time: _____

Name & Title of
Officiant: _____

Officiant Address: _____

Officiant Phone: _____

Send completed form to:

Donald M. Fenner

P.O. Box 407

Springfield Center, NY 13468