



**ST. FRANCIS ANGLICAN CHURCH**  
 Saint Sebastian Chapel for Weddings | Garden of Matrimony  
 Phone: 501 644-4367  
 www.stfrancisanglican.com ✉ office@stfrancisanglican.com  
 Love God. Love Others. Make Disciples.

*Empowered by the Spirit. Guided by the authority of Scripture. Nourished by the Sacraments.*

**WEDDING REGISTRATION FORM**

Date of Wedding: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Registration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Wedding: \_\_\_\_\_

Partner One: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Partner Two: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ceremony to be planned by ( ) Minister ( ) Couple

Other Minister(s) Assisting:  
 \_\_\_\_\_  
 \_\_\_\_\_

Maid/Matron of Honor: \_\_\_\_\_

Best Man: \_\_\_\_\_

Wedding Planner: \_\_\_\_\_

Phone No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Reception: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

Marriage License Secured? ( ) Yes ( ) No If no, When: \_\_\_\_\_

Officiant Fee: \$\_\_\_\_\_ . \_\_\_\_\_ Personalized Wedding Certificate: ( ) Yes ( ) No

Signed and Sealed Marriage License Mailed/Filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Officiant: Rev. Justin L. Gates

Phone: 501-644-4367

Email: [booking@revjustingates.org](mailto:booking@revjustingates.org)