

Wedding Music Information

Please complete this form and return it to St. James by at least 2 weeks before your wedding.

Wedding Date _____ Time _____
Rehearsal Date _____ Time _____

Bride's name: _____

Phone# _____

Email _____

Groom's name: _____

Phone# _____

Email _____

Bridal Party:

Number of Bridesmaids _____ *(Include maid/matron of honor)*

Flower Girl(s) _____ **Ring Bearer(s)** _____

Music choices:

Prelude music: *(Only needed if you have something specific you want played)*

The seating of the parents: *(If you have something specific you want played/sung)* _____

***Processional:** *(See attached list for choices—Please use the numbers)*

Bridal Party:# _____ **Title** _____

Bride *(If different piece)* # _____ **Title** _____

***Recessional:** *(See attached list for choices—Please use the numbers)*

_____ **Title** _____

(*Required)

Soloist: *(If applicable)*

Name: _____

Phone# _____

Email: _____

Song(s): _____

Please write on the back any other information/special needs/requests.