



First Congregational Church of Chatham  
 650 Main Street  
 Chatham MA 02633

office@chathamcongregational.org  
 www.chathamcongregational.org  
 508-945-0800

**Wedding Information**

Date Of Wedding: \_\_\_\_\_

Time: \_\_\_\_\_

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

Time: \_\_\_\_\_

Name of Minister: \_\_\_\_\_

**Bride's Information**

Bride: \_\_\_\_\_

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

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

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

Town: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

**Groom's Information**

Groom: \_\_\_\_\_

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

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

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

Town: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

**Fee Schedule**

Sanctuary \_\_\_\_\_ \$500.00  
 Minister \_\_\_\_\_ \$350.00  
 Organist \_\_\_\_\_ \$300.00  
 Sexton \_\_\_\_\_ \$150.00

FOR OFFICE USE	
Total Amount due	_____
Deposit Received	_____
Amount due	_____

In the event that you select a pastor other than one from our church, we need a letter from your officiate stating where he/she holds ministerial standing. This should be sent to our church office after confirmation and deposit is received.