



Celebrating and honouring life's precious moments

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WEDDING INFORMATION

PARTNER A	PARTNER B
FIRST NAME*:	FIRST NAME*:
LAST NAME*:	LAST NAME*:
Birth date*: <i>(day/month/year)</i>	Birth date*: <i>(day/month/year)</i>
Address*: City*: Province*: Postal code*:	Address*: City*: Province*: Postal code*:
Best tel # to reach you:	Best tel # to reach you:
Email:	Email:
Name of parent*:	Name of parent*:
Name of parent*:	Name of parent*:

WEDDING DATE / TIME / LOCATION

WEDDING DATE <i>(day/month/year)</i>	WEDDING TIME	Will wedding take place during a statutory holiday or long weekend? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(additional \$100 applies)</i>
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WEDDING VENUE INFORMATION

Venue:	Street address:		
City:	Prov:	Postal code:	
Email:	Website:		

WEDDING SERVICES REQUIRED

- MARRIAGE OFFICIANT**
 PHOTOGRAPHER
 WEDDING DAY COORDINATOR

Please note that a retainer is due upon booking of wedding services

WITNESSES FOR COUPLE (two people over 18 years old)

Name of witness*:	Name of witness*:
Relationship to partner A:	Relationship to partner B:
City*: Prov*:	City*: Prov*:
Tel: Email:	Tel: Email:

Consultation requested for week of: _____ 2018
 Day Evening Weekend

How did you learn about Lifetime Ceremonies?
 LC website Google Friend Referral Event Other

Name(s) of person(s) or event: _____

*NOTE: Information marked with an * is required by the Marriage Office of the Registrar General*