

 **RECEPTION INFORMATION SHEET**

**RECEPTION SITE**

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

Site Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Confirmed Date: \_\_\_\_\_ Time: \_\_\_\_\_ To: \_\_\_\_\_

Room Reserved: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Date Due: \_\_\_\_\_

Balance Amount: \_\_\_\_\_ Date Due: \_\_\_\_\_

Cancellation Policy: \_\_\_\_\_

Last Date to Give Final Head Count: \_\_\_\_\_

**NUMBER OF GUESTS**      **Invited**      **Confirmed**

**TYPE OF RECEPTION**       Sit-Down       Buffet       Cocktails/Hor d'oeuvres

**CATERER** *(When different from reception site)* \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Confirmed Date/time: \_\_\_\_\_ Last Date for Final Head Count: \_\_\_\_\_

**RECEPTION COST**

Cost Per Person: Food \_\_\_\_\_ Beverage \_\_\_\_\_ **Total** \_\_\_\_\_

Number of Confirmed Guests: \_\_\_\_\_

Cost Per Person: \_\_\_\_\_

(Number of Guests x Cost Per Person) Subtotal: \_\_\_\_\_

Sales tax: \_\_\_\_\_

Gratuity: \_\_\_\_\_

(Site or Equipment) Rental fee: \_\_\_\_\_

Other: \_\_\_\_\_

**Total Cost** \_\_\_\_\_

Less Deposit: \_\_\_\_\_

**Balance Due** \_\_\_\_\_



# CEREMONY WORDING AND IDEAS WORKSHEET

**Prelude:**

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**Processional** (participants order):

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**Welcome or Call to Worship:**

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**Readings or Prayer:**

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**Music** (optional):

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**Wedding Meditation** (additional comments on marriage, optional):

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**Declaration of Consent** (directed to bride's father, or both sets of parents):

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**Readings or Prayer** (optional):

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**Introduction to the Vows:**

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**Bride's Vows:**

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**Groom's Vows:**

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**Affirmation by Guests:**

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**Exchange of Rings:**

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**Blessing of the Rings** (optional):

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**Pronouncement of the Union:**

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**Music** (optional):

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**Recognition of the Children** (see chapter on Second Marriages for ideas, optional):

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**Prayer of Hope or Lord's Prayer** (optional):

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# CEREMONY MUSIC INFORMATION

## CEREMONY MUSICIANS SELECTED

Ceremony Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Wedding Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Appropriate Dress: \_\_\_\_\_

Rehearsal Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

### INSTRUMENTALISTS

*Phone*

*Fee*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### SOLOISTS

*Phone*

*Fee*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Cancellation Policy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Cost** \_\_\_\_\_

**Deposit Paid** \_\_\_\_\_

**Balance Due** \_\_\_\_\_

## CEREMONY MUSIC SELECTIONS

Prelude: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During Ceremony: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Solo: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recessional: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Second Solo: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postlude: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Processional: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# EQUIPMENT CHECKLIST

RENTAL COMPANY \_\_\_\_\_ Date Ordered: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Delivery Date/Time: \_\_\_\_\_ / \_\_\_\_\_ Pick-up Date/Time: \_\_\_\_\_ / \_\_\_\_\_

Cancellation Policy: \_\_\_\_\_ Damaged/Broken Policy: \_\_\_\_\_

Item	Quantity	Cost
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Item	Quantity	Cost
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### CEREMONY EQUIPMENT

Aisle Runner (length) \_\_\_\_\_

Aisle Stanchions \_\_\_\_\_

Aisle Candelabra  
Free-standing \_\_\_\_\_

Clamp Style \_\_\_\_\_

Altar Candelabra \_\_\_\_\_

No. of Lights \_\_\_\_\_

No. of Lights \_\_\_\_\_

Candles \_\_\_\_\_

Size \_\_\_\_\_

Candle Lighter \_\_\_\_\_

Canopy/Chuppah \_\_\_\_\_

Flower Stands \_\_\_\_\_

Style \_\_\_\_\_ Size \_\_\_\_\_

Style \_\_\_\_\_ Size \_\_\_\_\_

Guest Book Stand \_\_\_\_\_

Kneeling Bench \_\_\_\_\_

Lattice Backdrops \_\_\_\_\_

Lattice Arch \_\_\_\_\_

Microphone \_\_\_\_\_

Other \_\_\_\_\_

### CHAIRS

Style \_\_\_\_\_

### TABLES

Round Tables \_\_\_\_\_

36" seats 4 people \_\_\_\_\_

48" seats 6 people \_\_\_\_\_

60" seats 8 people \_\_\_\_\_

72" seats 10 - 12 people \_\_\_\_\_

Oblong Tables \_\_\_\_\_

6' seats 6 - 8 people \_\_\_\_\_

8' seats 8 - 10 people \_\_\_\_\_

Square tables \_\_\_\_\_

34" square \_\_\_\_\_

### LINENS

Round Cloths—Color \_\_\_\_\_

60" fits 24"- 36" table \_\_\_\_\_

72" fits 24" to floor or \_\_\_\_\_

36"- 48" table \_\_\_\_\_

90" fits 36" to floor or \_\_\_\_\_

48"- 60" table \_\_\_\_\_

100" fits 48" to floor or \_\_\_\_\_

60"- 72" table \_\_\_\_\_

Long Cloth \_\_\_\_\_

54" x 54" fits cardtable \_\_\_\_\_

60" x 60" fits cardtable \_\_\_\_\_

60" x 120" fits 6' and 8' tables \_\_\_\_\_

### NAPKINS

Cocktail Size \_\_\_\_\_

Dinner Size  Paper  Cloth \_\_\_\_\_

Color



# EQUIPMENT CHECKLIST

Item	Quantity	Cost	Item	Quantity	Cost
<b>DINNERWARE</b> <input type="checkbox"/> China <input type="checkbox"/> Paper			<b>TRAYS</b> <input type="checkbox"/> Stainless <input type="checkbox"/> Silverplate		
Dinner Plates	_____	_____	Round 12"	_____	_____
Salad Plates	_____	_____	Round 14"	_____	_____
Bread Plates	_____	_____	Round 16"	_____	_____
Luncheon Plates	_____	_____	Round 20"	_____	_____
Soup Bowls	_____	_____	Oval 13" x 21"	_____	_____
Cake Plates	_____	_____	Oval 15" x 24"	_____	_____
Coffee Cups/Saucers	_____	_____	Oblong 10" x 17"	_____	_____
Demitasse Cups/Saucers	_____	_____	Oblong 14" x 22"	_____	_____
<b>FLATWARE</b> <input type="checkbox"/> Stainless <input type="checkbox"/> Silverplate			Oblong 17" x 23"	_____	_____
Dinner Knives	_____	_____	Meat Platters	_____	_____
Steak Knives	_____	_____	Waiters' Trays/Stand	_____	_____
Butter Knives	_____	_____	<b>SERVING PIECES</b>		
Dinner Forks	_____	_____	Chafing dish, 2 qt.	_____	_____
Salad Forks	_____	_____	Chafing dish, 4 qt.	_____	_____
Dessert Forks	_____	_____	Chafing dish, 8 qt.	_____	_____
Teaspoons	_____	_____	Bowls, 12"	_____	_____
Soup Spoons	_____	_____	Bowls, 16"	_____	_____
Demitasse Spoons	_____	_____	Bowls, 20"	_____	_____
Serving Spoons	_____	_____	Punch Fountain, 3 gal.	_____	_____
Meat Forks	_____	_____	Punch Fountain, 7 gal.	_____	_____
Cake Knife/Server	_____	_____	Punch Bowl, ladle	_____	_____
<b>GLASSWARE</b> <input type="checkbox"/> Glass <input type="checkbox"/> Plastic			Coffee Maker, 35 cup	_____	_____
Wine glasses	_____	_____	Coffee Maker, 50 cup	_____	_____
Champagne glasses	_____	_____	Coffee Maker, 100 cup	_____	_____
Water goblets	_____	_____	Silver Coffee and Tea Set	_____	_____
Highballs	_____	_____	Insulated Coffee Pitcher	_____	_____
Double rocks	_____	_____	Creamer & Sugar Set	_____	_____
Snifters	_____	_____	Sugar Tongs	_____	_____
Water glasses	_____	_____	Salt & Pepper Set	_____	_____
Punch cups	_____	_____	Water Pitchers	_____	_____
			Ashtrays	_____	_____
			Table Candles	_____	_____



 **WEDDING DAY TRANSPORTATION**

**TRANSPORTATION TO CEREMONY SITE**

<i>Name</i>	<i>Pick-up Time</i>	<i>Pick-up Location</i>	<i>Vehicle/Driver</i>
Bride	_____	_____	_____
Bride's Father	_____	_____	_____
Bride's Mother	_____	_____	_____
Bridal Attendants	_____	_____	_____
Groom	_____	_____	_____
Groom's Attendants	_____	_____	_____
Groom's Parents	_____	_____	_____
Grandparents	_____	_____	_____
Other Guests	_____	_____	_____

**TRANSPORTATION TO RECEPTION SITE**

<i>Name</i>	<i>Pick-up Time</i>	<i>Pick-up Location</i>	<i>Vehicle/Driver</i>
Bride and Groom	_____	_____	_____
Bridal Attendants	_____	_____	_____
Groom's Attendants	_____	_____	_____
Bride's Parents	_____	_____	_____
Groom's Parents	_____	_____	_____
Grandparents	_____	_____	_____
Other Guests	_____	_____	_____

**TRANSPORTATION FROM RECEPTION SITE, TO HOTEL, HOME, ETC.**

<i>Name</i>	<i>Pick-up Time</i>	<i>Pick-up Location</i>	<i>Vehicle/Driver</i>
Bride and Groom	_____	_____	_____
Bridal Attendants	_____	_____	_____
Groom's Attendants	_____	_____	_____
Bride's Parents	_____	_____	_____
Groom's Parents	_____	_____	_____
Grandparents	_____	_____	_____
Other Guests	_____	_____	_____



# WEDDING DAY CHECKLIST

## BRIDE

## GROOM

<i>Items</i>	<i>Packed</i>
Written Vows or Poem to Be	<input type="checkbox"/>
Presented Wedding Gown	<input type="checkbox"/>
Veil and Headpiece	<input type="checkbox"/>
Additional Headpiece for Reception	<input type="checkbox"/>
Special Bra, Panties	<input type="checkbox"/>
Special Slip	<input type="checkbox"/>
Extra Hosiery	<input type="checkbox"/>
Shoes	<input type="checkbox"/>
Gloves	<input type="checkbox"/>
Jewelry	<input type="checkbox"/>
Make-up, Perfume	<input type="checkbox"/>
Nail Polish and File	<input type="checkbox"/>
Curling Iron, Curlers	<input type="checkbox"/>
Comb, Brush	<input type="checkbox"/>
Hairspray, Extra Bobby Pins	<input type="checkbox"/>
Mirror	<input type="checkbox"/>
Toothbrush, Toothpaste, Breath Mints	<input type="checkbox"/>
Iron or Steamer	<input type="checkbox"/>
Garter	<input type="checkbox"/>
Penny or Sixpence	<input type="checkbox"/>
Bible, Handkerchief, Etc.	<input type="checkbox"/>
Ring Pillow	<input type="checkbox"/>
Flower Basket (If not being delivered by florist)	<input type="checkbox"/>
Going-away Outfit	<input type="checkbox"/>
Going-away Undergarments	<input type="checkbox"/>
Going-away Shoes and Hosiery	<input type="checkbox"/>
Accessories, Etc.	<input type="checkbox"/>
Wedding Night Bag (Placed in getaway car)	<input type="checkbox"/>
Honeymoon Suitcases (Placed in getaway car)	<input type="checkbox"/>

<i>Items</i>	<i>Packed</i>
Written Vows or Poem to Be Read	<input type="checkbox"/>
Coat	<input type="checkbox"/>
Trousers	<input type="checkbox"/>
Shirt	<input type="checkbox"/>
Vest or Cummerbund	<input type="checkbox"/>
Shoes	<input type="checkbox"/>
Socks	<input type="checkbox"/>
Suspenders	<input type="checkbox"/>
Tie	<input type="checkbox"/>
Ascot	<input type="checkbox"/>
Studs and Cuff Links	<input type="checkbox"/>
Handkerchief	<input type="checkbox"/>
Underwear	<input type="checkbox"/>
Hat	<input type="checkbox"/>
Gloves	<input type="checkbox"/>
Toiletries	<input type="checkbox"/>
Money	<input type="checkbox"/>
Credit Cards	<input type="checkbox"/>
Other	<input type="checkbox"/>
Going-away Clothes:	<input type="checkbox"/>
Jacket	<input type="checkbox"/>
Slacks	<input type="checkbox"/>
Shirt	<input type="checkbox"/>
Belt	<input type="checkbox"/>
Tie	<input type="checkbox"/>
Shoes, Socks	<input type="checkbox"/>
Accessories	<input type="checkbox"/>
Honeymoon Itinerary, Tickets, Etc.	<input type="checkbox"/>
Wedding Night Bag (Placed in getaway car)	<input type="checkbox"/>
Honeymoon Suitcases (Placed in getaway car)	<input type="checkbox"/>





# BRIDE'S NAME AND ADDRESS CHANGE WORKSHEET

Items to Be Changed	Change Name	Change Address	Account or Policy Number, Other Information	Phone or Address to Notify Company	Done
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Driver's License	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Car Registration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Voter's Registration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Employee Records	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
School Records	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
IRA Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Stocks and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Wills/Trusts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Property Titles	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Leases	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Subscriptions	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Club Memberships	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Post Office	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Auto Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Doctors/Dentist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Business Cards	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Business Stationery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Taxes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
Credit Cards:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>



# NAME AND ADDRESS CHANGE FORM LETTER

To Whom It May Concern:

This letter is to inform you of our recent marriage and our change of address.

The account/policy number to be changed is:

Currently under the name of: \_\_\_\_\_

Social Security Number (where applicable) \_\_\_\_\_

## PREVIOUS INFORMATION

Husband's Name

Wife's Name

\_\_\_\_\_

\_\_\_\_\_

Husband's Previous Address

Wife's Previous Address

\_\_\_\_\_

\_\_\_\_\_

City State Zip

City State Zip

Phone

Phone

\_\_\_\_\_

\_\_\_\_\_

## NEW INFORMATION

Husband's Name:

Wife's Name:

\_\_\_\_\_

\_\_\_\_\_

Husband's New Address:

Wife's New Address:

\_\_\_\_\_

\_\_\_\_\_

City: State: Zip:

City: State: Zip:

Phone:

Phone:

\_\_\_\_\_

\_\_\_\_\_

Social Security # (when applicable)

Social Security # (when applicable)

\_\_\_\_\_

\_\_\_\_\_

As of this date \_\_\_\_\_

please change the following:

Change Name

Change Address and Phone

Add Spouse's Name

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

Please send any additional forms or requirements to facilitate these changes. If you have any questions, please contact us!

Sincerely,

\_\_\_\_\_  
Husband's signature

\_\_\_\_\_  
Wife's signature

**MontclairBridal.com**