

Wedding Questionnaire

Date of Wedding:

Shoot start time:

Shoot End Time:

Brides/First Partner's Name:

Address:

City:

Province:

Postal Code:

Telephone:

Telephone 2:

Email:

*Please include a number for the cell phone that will be turned on the day of the wedding

Groom/Second Partner's Name:

Address:

City:

Province:

Postal Code:

Telephone:

Telephone 2:

Email:

*Please include a number for the cell phone that will be turned on the day of the wedding

Third Person Contact Name:

*A person who may be assisting with wedding details and available to contact the day of the wedding, a planner, a parent, someone to report to, or a relative for example.

Address:

City:

Province:

Postal Code:

Telephone:

Telephone 2:

Email:

*Please include a number for the cell phone that will be turned on the day of the wedding

Please notify the photographer of any changes to the contract information that may occur before the wedding.

Wedding Venue Name:

Street Address:

City:

Province:

Postal Code:

Telephone:

Telephone 2:

Contact Name:

Cell:

Alternate Contact Name:

Cell:

*Please include a number for the cell phone that will be turned on the day of the wedding

Reception Venue Name:

Street Address:

City:

Province:

Postal Code:

Telephone:

Telephone 2:

Contact Name:

Cell:

Alternate Contact Name:

Cell:

*Please include a number for the cell phone that will be turned on the day of the wedding

Rehearsal Date:

Rehearsal Time:

Reception Details: Formal Meal
Buffet Meal
Cake and Coffee only
Live Band
DJ Music
Dancing No Dancing
Garter Toss
Bouquet Toss

Bride and Groom Departure time:

Who's Who

Brides Family

Mother/Step-Mother:

Father/Step-Father:

Grandparents:

Grandparents:

Siblings:

Grooms Family:

Mother/Step-Mother:

Father/Step-Father:

Grandparents:

Grandparents:

Siblings:

Brides Attendants

Maid/Matron of Honor:

Bridesmaids:

Grooms Attendants

Best Man:

Groomsmen:

