

Andreas Weddings
Authorised Marriage Celebrant

NAMING CEREMONY BOOKING

Mother: _____ Father: _____

Address (1): _____

Siblings or close family to be involved in the ceremony: _____

Contact Telephone Numbers:

Home: _____ Work: _____ Mobile _____

Home: _____ Work: _____ Mobile _____

Email(1): _____ (2): _____

Child's Date of Birth: _____ Child's Place of Birth: _____

Venue (Name): _____ (Address): _____ Time: _____

(Number): _____ (Contact Person): _____

Alternative Venue (weather): _____

Witnesses full Names: _____

Godparents, Guardians, Grandparents

Names: _____

Number of Guests: _____ Colour Scheme _____

Formation of Ceremony: _____

Photographer (Name and Number): _____

Address after Ceremony: _____

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