



Say I Do

Client Intake Form

----- OFFICIANT INFORMATION -----

Name: Rev. Colinda K. Abner

Address: Smyrna, TN _____ Phone: 615-625-5792

Email: sayido.life@gmail.com Web Address: www.sayido.life

----- COUPLE DETAILS -----

Partner #1 Name: _____

Address: _____

Phone: _____ Email: _____

Partner #2 Name: _____

Address: _____

Phone: _____ Email: _____

Are either of you changing your name and what will it be: _____

----- CEREMONY INFORMATION -----

Date: _____ Est. No. of Guests: _____

Venue: _____

Start Time: _____ End Time: _____

Ceremony Packet Chosen: _____

Add On Chosen: _____

----- COUPLE INFORMATION -----

Partner #1

What does marriage mean to you? _____

How do you show your partner that you love them? _____

What does your partner look to you for, or value most, in your relationship? _____

Do you want to write your own vows? _____

Partner #2

What does marriage mean to you? _____

How do you show your partner that you love them? _____

What does your partner look to you for, or value most, in your relationship? _____

Do you want to write your own vows? _____