

ROBERT T. NOONE, WEDDING OFFICIANT

WEDDING DAY: _____ **DAY OF MONTH:** _____, **YEAR:**

WEDDING PARTY: (Use Full Legal Name Please)

1ST SPOUSE _____

2ND SPOUSE _____

MAILING ADDRESS: _____

_____ **ZIP** _____

EMAIL _____

PHONE: _____

NOTES: _____

HOW WERE YOU REFERRED TO US: () COURT () FRIEND

() CHURCH () OTHER: _____

CAN WE SHARE PICTURES OF YOUR WEDDING? () YES () NO

LOCATION OF WEDDING: (_____

OTHER: () HOME () PARK () CHURCH LOCATED @ _____

Questions or more information: Contact Bob at BOB@BOBNOONE.com or call 265-689-0565 of 304-784-8818. Confirmation of date and time necessary.