

Vows Questionnaire

(print out and return with deposit)

Brian Salinas 416 N 15th St San Jose, CA 95112

Wedding date _____

Bride's name _____

Phone # _____ email _____

Groom's name _____

Phone # _____ email _____

Location of the Ceremony

Name _____

Address _____

city _____ zip _____

Phone # _____

Date of the Rehearsal _____ time _____

Site coordinator's name _____

phone # _____

Location of the Rehearsal if it is not the wedding site

Address _____

city _____ zip _____ phone # _____

Wedding Coordinator's contact info(contracting coordinator):

Name _____ phone # _____

Muisc/ DJ for ceremony contact info:

Name _____ phone # _____

To help us determine the best ceremony vows for you please answer the following questions:

Groom: What is your spiritual background (ex: Catholic)? _____

What is your full name? _____

When did you realize you were in love? Describe the feeling.

What qualities do you most admire in your fiance?

What does your partner bring out in you?

How are you different? How do you complement each other?

What do you have together that you do not have part? _____

What in your view, is the most important part of marriage?

Please include below any other information that is relevant
