

Wedding Makeup Questionnaire

Name _____

Address _____

Telephone Number _____

Email _____

Are you the Bride, Bridesmaid or Special Guest? _____

Date and time of Wedding _____

What are your wedding/ Outfit colours? _____

How is your hair going to be styled? _____

How much makeup do you feel comfortable with? _____

What makeup do you normally wear? _____

What is your favourite type of makeup? _____

What part of your current look are you happiest with? _____

What would you most like to change? _____

Are you looking for a dramatic or more natural look? _____

How would you describe your personality? _____

What are your favourite colours? _____

How would you describe your personal style? Natural, Sporty, high fashion,
romantic or glamorous? _____
