



## WEDDING APPLICATION FORM

Please complete this form and submit with your \$100 deposit to the first meeting with the Minister of Pastoral Care or the Assistant Pastor.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### REQUESTED DATES

Wedding: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_ Time: \_\_\_\_

Rehearsal: Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_ Time: \_\_\_\_

Rehearsal Dinner/Fellowship Hall: Day: \_\_\_\_ Time: \_\_\_\_ # Guests: \_\_\_\_

After Wedding Reception / Fellowship Hall: Yes \_\_\_\_ No \_\_\_\_

Ceremony Location: Sanctuary \_\_\_\_ Prayer Garden: \_\_\_\_ Other: \_\_\_\_

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### BRIDE'S INFORMATION

Name of Bride: \_\_\_\_\_

Full name

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Home No.

Cell No.

Church Membership: \_\_\_\_\_

Discipleship Training / New Converts & New Members Class Confirmation: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### GROOM'S INFORMATION

Name of Groom: \_\_\_\_\_

Full name

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

Home No.

Cell No.

Church Membership: \_\_\_\_\_

Discipleship Training / New Converts & New Members Class Confirmation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### POST MARITAL INFORMATION

How do you want your names to appear on correspondence after the marriage?

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Mailing Address and Phone No. after the marriage?

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**CEREMONY INFORMATION**

Name of Bride's Parents: \_\_\_\_\_

Name of Groom's Parents: \_\_\_\_\_

**Music:**

Organ \_\_\_\_\_ Piano: \_\_\_\_\_ Soloist: \_\_\_\_\_ Other: \_\_\_\_\_

**Name of Florist:** \_\_\_\_\_ Phone No. \_\_\_\_\_

Will florist...

Leave flowers in the church? Yes \_\_\_\_\_ No \_\_\_\_\_ Provide Altar Cloth? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide Unity Candle? Yes \_\_\_\_\_ No \_\_\_\_\_ Provide Candelabra? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of Photographer:** \_\_\_\_\_ Phone No: \_\_\_\_\_

**SPACE REQUESTED AND DATES FOR EACH:**

_____	Sanctuary	_____	Fellowship Hall (FH)
_____	Prayer Garden	_____	Back Parking Lot (BPL)
_____	Front Parking Lot	_____	Multipurpose Room (MR)
_____	Kitchen (non-cooking only) (K)		

**EQUIPMENT / SERVICES NEEDED (Check and include facility initials)**

_____	Musician	_____	Chairs
_____	Organ (Sanctuary Only)	_____	Piano (Sanctuary Only)
_____	Table(s)	_____	TV/VCR
_____	Projector/Screen		

**WILL PAY FEES BY:**

\_\_\_\_\_ Check \_\_\_\_\_ Cash

**FOR OFFICE USE ONLY**

**Bride:** \_\_\_\_\_

**Groom:** \_\_\_\_\_

**Date /Time of Wedding:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Requirements /Dates Completed:**

Discipleship Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

Couples Inventory: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pre-Marital Workshop: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pre-Marital Counseling: \_\_\_\_/\_\_\_\_/\_\_\_\_

FACILITIES / SERVICES	COST	OFFICE USE ONLY
Sanctuary Wedding	\$450.00	
Sanctuary Renewal of Vows	\$350.00	
Prayer Garden Wedding	\$200.00	
Prayer Garden Renewal of Vows	\$200.00	
Off-Site Wedding	\$150.00	
Officiating Minister	Love Gift	
Sexton/Custodian	\$50.00 <i>(each additional 2 hr. period)</i>	
Projection / Sound System Operator	\$50.00 <i>( per person each additional 2 hr. period)</i>	
		<b>TOTAL DUE</b> \$ _____ <b>AMOUNT PAID</b> \$ _____ <b>BALANCE DUE</b> \$ _____

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reviewed by:**

Minister Shirley Jackson, Min. of Pastoral Care \_\_\_\_\_

Date: \_\_\_\_\_

Dr. Maggi Curry-Williams, Min of Administration \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

**Dr. Melvin O. Marriner, Senior Pastor** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RETURN THIS APPLICATION TO THE MINISTER OF PASTORAL CARE WITH YOUR \$100 DEPOSIT.  
(Keep a copy for your files)**