

Please keep in mind that completing this form in no way a guarantee that pastor will perform the wedding ceremony. **Even after the required pre-marital pastoral counseling sessions our pastor retains the right to decline to perform the actual ceremony.** An online Prepare/Enrich relationship assessment must be completed prior to scheduling 6-8 90 min. counseling sessions. An online link will be emailed to you to pay a \$35 fee to take the online assessment.

Wedding Information

Anticipated Wedding Date _____

Please complete and return the wedding form to the church office. (leave red blank)

Date of Application _____ Prepare/Enrich Inventory Date _____ Check# _____

Bride

Groom

Full name: _____
First Middle Last

Full name: _____
First Middle Last

Street _____

Street _____

City _____ ST _____ ZIP _____

City _____ ST _____ ZIP _____

Phone (Home) _____

Phone (Home) _____

(Cell) _____

(Cell) _____

Age: _____

Age: _____

Email: _____

Email: _____

Church affiliation: __Member__ Attendee __Other

Church affiliation: __Member__ Attendee __Other

Church Name: _____

Church Name: _____

Is this your first marriage? _____

Is this your first marriage? _____

If no, number of previous marriages _____

If no, number of previous marriages _____

Any children? _____ Number of Children _____

Any children? _____ Number of Children _____

Are you a Christian? _____ Baptized ? _____

Are you a Christian? _____ Baptized ? _____

Occupation: _____

Occupation: _____

Highest Educational level: _____

Highest Educational level: _____

Parents' information: (check all that applies)

Parents' information: (check all that applies)

Parents __Married__ Divorced/Separated __Other

Parents __Married__ Divorced/Separated __Other

Father _____ Deceased

Father _____ Deceased

Mother _____ Deceased
(Maiden name)

Mother _____ Deceased
(Maiden name)

1) How long have you dated each other seriously? _____ Date you were engaged _____ N/A _____

2) Have you or are you living together? _____ How Long? _____

3) How confident are you about your decision to marry? __Very__ Somewhat __Mixed__ Not Very

Wedding Information Sheet *(continued)*

Ring Ceremony Single Double Anticipated wedding party: ___ female's ___ Males
 Unity Candle Yes No Sound Technician Required: Yes* No
 Stage Backdrop Yes No Wedding Arch & Stands Yes No
 Aisle Pedestals Yes No Musician Needed Yes No
 Other _____

Requested Location of Wedding: 905 Sanctuary 913 Legacy Bldg Other _____
 Number of guests expected: _____ Not known yet ___
 Location of reception _____ Not known yet ___
 Caterer _____ Not known yet ___
 Musician: _____ Not known yet ___
 Soloist: _____ Not known yet ___
 Photographer: _____ Not known yet ___
 Videographer: _____ Not known yet ___
 Florist: _____ Not known yet ___

Note: Suggested donations will be discussed with a designated Church Trustee after initial meeting. Facility related donations requested to be provided 2 weeks before wedding.

Office Use Only		
Online Assessment	\$ _____	\$ _____
Pastoral Counseling	\$ _____	\$ _____
Unity Candle	\$ _____	\$ _____
Stage Backdrop	\$ _____	\$ _____
Wedding Arch/Stands	\$ _____	\$ _____
6 White Aisle pedestal	\$ _____	\$ _____
905 Sanctuary"	\$ _____	\$ _____
905 Fellowship Hall*	\$ _____	\$ _____
913 Legacy *	\$ _____	\$ _____
913 Fellowship Hall*	\$ _____	\$ _____
Musician*	\$ _____	\$ _____
Sound Tech*	\$ _____	\$ _____
Custodian*	\$ _____	\$ _____
<small>*No Alcohol, Dancing, Smoking, or unapproved music allowed and use of church kitchen is not included Approval to utilize the Sanctuary or Legacy for wedding includes two rehearsals – (2 hours each)</small>		
Total Suggested Donation		\$ _____
Refundable Deposit \$ _____		
Pending signing a detailed use agreement - Space set up, Sound system, Time frames etc Notes: _____ _____ _____		