

PLEASE FILL OUT THIS FORM INDICATING WHICH OF THE SERVICES YOU WISH TO HAVE ARRANGED FOR YOU AND RETURN TO THE CHURCH OFFICE ALONG WITH **A COPY OF YOUR BIRTH CERTIFICATES; ID** . (MON - FRI. 8:00 a.m - 4:00 p.m)

**GROOM'S** full name:.....  
(First name) (Middle name) (Last name)

Address.....

Marital status: Bachelor.....Married.....Widower.....Divorced.....

Date of Birth.....Occupation.....

Telephone numbers: Home.....Office.....Cel.....

Father's full name.....

**BRIDE'S** full name:.....  
(First name) (Middle name) (Last name)

Address.....

Marital status: Spinster.....Married.....Widow.....Divorced.....

Date of birth:.....Occupation.....

Telephone numbers: Home.....Office.....Cel.....

Father's name.....

Type of Wedding: Church.....Office.....

Date of Wedding:..... Time.....

SIGNATURE OF APPLICANTS.....

GROOM

BRIDE

**(For Office Use)**

Date of Rehearsal..... Time .....

Date of Counselling: 1<sup>st</sup> .. Time.....

Date of Counselling: 2<sup>nd</sup> .. Time.....

Deposit paid.....Date .....

Balance.....

Final Payment .....Date.....Total Paid.....

Church member in good standing: Yes.....No.....

**Church:**.....Organist.....Video.....Rehearsal.....**Office:** .....

**DEPOSIT**

Wedding is confirmed when a deposit of Five Thousand Dollars (**\$5,000**) is made. This is received without prejudice on the part of the Church or its officers and is **non-refundable**. This contract is subject to the approval of the Minister.

We encourage you to be on time for your Wedding.