

FOR OFFICE USE: DATE RECEIVED: _____	INITIAL INTERVIEW W/PASTOR _____	APPROVED: _____
ADDED TO CHURCH CALENDAR: _____	DEPOSIT DUE: _____	BALANCES DUE: _____
PASTOR OFFICIATING: _____	COORDINATOR: _____	

WEDDING APPLICATION

(Please Print and Complete ALL Information)

Today's Date: _____

Desired Wedding Date: _____ Day: _____ Time: _____

Rehearsal is the day before at 5:00 p.m.

BRIDE INFORMATION:

Full Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Date of Christian Baptism: _____ Denomination of Church: _____

Present Church Membership: _____

Mailing Address: _____

City/State/Zip: _____

Name of Your Pastor: _____ Phone Number: _____

Pastor's Email Address: _____

GROOM INFORMATION:

Full Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Date of Christian Baptism: _____ Denomination of Church: _____

Present Church Membership: _____

Mailing Address: _____

City/State/Zip: _____

Name of His Pastor: _____ Phone Number: _____

Pastor's Email Address: _____

FAMILY INFORMATION:

Bride's Parents: _____

Address: _____

Phone Number: _____

Groom's Parents: _____

Address: _____

Phone Number: _____

BRIDAL PARTY INFORMATION:

Maid/Matron of Honor: _____

Bridesmaids: _____

Flower Girl: _____ Age at time of wedding: _____

Ring Bearer: _____ Age at time of wedding: _____

Best Man: _____

Groomsmen: _____

Others who will be part of the Procession (ie: Grandparents, etc.): _____

How many guests do you anticipate? _____

BRIDE AND GROOM'S ADDRESS FOLLOWING THE WEDDING:

Please email this application to the Memorial's Wedding Coordinator:

plamberth@memorialpcusa.org

You may fax the application to the church office at **904.829.0001** — **Attention Paula Lamberth**

**Upon receipt of your application one of our Pastors will be in touch with you
to arrange an interview with both the bride and groom.**

Any questions, please call Paula Lamberth at 904.829.6451