

Wedding Application Form

Wedding Date: _____ Time: _____

Rehearsal Date: _____ Time: _____

The Bride

Full Name _____

Address _____

Home Phone: _____

Work Phone: _____

Mobil Phone: _____

E-Mail Address: _____

Single Divorced Widowed

Children: _____ Age _____

_____ Age _____

_____ Age _____

Church Affiliation/Background: _____

The Groom

Full Name _____

Address _____

Home Phone: _____

Work Phone: _____

Mobil Phone: _____

E-Mail Address: _____

Single Divorced Widowed

Children: _____ Age _____

_____ Age _____

_____ Age _____

Church Affiliation/Background: _____

Wedding Location: _____

Number of Guests Expected: _____

Accompanist Needed?: Yes No

Soloist Needed?: Yes No

The wedding date is not reserved until this form is received in the church office. Once the form has been submitted with your deposit, a written confirmation of the date will be sent to you. No deposit required for members of New Hope.

For church use only:

Date received: _____ Pastor: _____

Date approved: _____ Copied to: SE____ SB____ CS____ Clerk____ Custodian____