

Wedding Request Form

Name (s): _____ & _____

Address: _____

Contact Information (for each person):

Name* _____

Home# _____ Work# _____ Cell# _____

E-Mail address _____

Name _____

Home# _____ Work# _____ Cell# _____

E-Mail address _____

* Primary Contact

Church Membership Information:

☐ Member(s) of First Christian Church

☐ Member(s) member of _____

Wedding and Rehearsal Information:

Wedding Date: _____ Time of Wedding _____ AM/PM

Rehearsal Date: _____ Time of Rehearsal _____ AM/PM

Estimated Attendees: Guests _____ Wedding Party _____

Choose a space: ☐ Chapel ☐ Sanctuary ☐ Fellowship Hall
 (seats 75) (seats 275) (seats 110)

Reception Information:

☐ At First Christian Church ☐ Other _____

☐ I have received a copy of the church wedding brochure.

Please tell us how you first heard about First Christian Church:

☐ Minister ☐ Family ☐ Friend ☐ Drove by ☐ Website ☐ Live in the area

☐ Visited ☐ other _____

For Staff only:

Premarital counseling: Counselor: _____ Date(s): _____

Deposit (10%) Date: _____ Amount \$: _____ Check # _____

Balance (due 2 weeks prior) Date: _____ Amount \$: _____ Check # _____

Staff Name: _____ Date: _____