

Wedding Application Form

Wedding: Date _____ Day _____ Time _____

Rehearsal: Date _____ Day _____ Time _____

Bride:
Name _____

Address _____

Email _____

Home phone _____

Business phone _____

Are you a member of Love First Christian
Center? _____
If not, please list your religious affiliation and
church membership: _____

Your address after the wedding:

Groom:
Name _____

Address _____

Email _____

Home phone _____

Business phone _____

Are you a member of Love First Christian
Center? _____
If not, please list your religious affiliation and
church membership: _____

Would you like the Pastor to lead the prayer at the reception? Y / N

Are you having a rehearsal before the wedding? If so, please state address and time below

Address: _____ City _____ Zip _____

Time: _____

