File # Orig.Date: 04.17.12 Rev. Date: Mod. Date:

Wedding Application

(Fill out and return this form to the Wedding Coordinator prior to your first meeting with the Pastor)

Wedding Date and Time: _____

Rehearsal Date and Time: _____

Location of Ceremony (eFree sanctuary, eFree gym, other): _____

Preferred Pastor to officiate ceremony: _____

Bride's Information:

Full Name: _____

Date of Birth: _____ Email: _____

Address: _____

Main Phone: _____ Alternate Phone: _____

Employer: _____ Occupation: _____

Church Affiliation: _____

Number of Marriages: _____

Groom's Information:

Full Name: _____

Date of Birth: _____ Email: _____

Address: _____

Main Phone: _____ Alternate Phone: _____

Employer: _____ Occupation: _____

Church Affiliation: _____

Number of Marriages: _____

Couple's Information:

Address after the wedding: _____

We have read and agree to abide by the Sheboygan eFree Church Wedding Policy, as outlined in the Wedding Brochure.

Bride's Signature: _____ Date: _____

Groom's Signature: _____ Date: _____

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I approve the wedding application of this couple.

Pastor's Signature: _____ Date: _____