

FOR OFFICE USE:

Availability of: \_\_\_calendar \_\_\_pastor  
\_\_\_final on calendar

WEDDING APPLICATION for the Groom

PLEASE PRINT!

Date: \_\_\_\_\_

Groom's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
                            First                            Middle                            Last

Groom's Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation \_\_\_\_\_

Desired Wedding Date: \_\_\_\_\_ Alternate: \_\_\_\_\_  
  Month/Day/Year  Month/Day/Year

Desired Time: \_\_\_\_\_ Desired Time for Rehearsal: \_\_\_\_\_

Desired facility – check all that apply: Address: \_\_\_\_\_  
(reception if different) \_\_\_\_\_ Rehearsal \_\_\_\_\_

Approximate number of guests: \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

How long have you been dating? \_\_\_\_\_

How long have you been engaged? \_\_\_\_\_

Are you and the bride presently living together? Yes \_\_\_\_\_ No \_\_\_\_\_

How confident are you about your decision to marry (check one):  
Very confident \_\_\_\_\_ Fairly confident \_\_\_\_\_ Some doubt \_\_\_\_\_

How supportive are your parents of your decision to marry?  
Strong supportive \_\_\_\_\_ Fairly supportive \_\_\_\_\_ Neutral \_\_\_\_\_  
Somewhat opposed \_\_\_\_\_ Strongly Opposed \_\_\_\_\_

What is the marital status of your parents? Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

What marriage-related books have you read within the last two years? \_\_\_\_\_



Have you ever been divorced? Groom: Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", when did the divorce take place? \_\_\_\_\_

What led to the divorce? \_\_\_\_\_

\_\_\_\_\_

Do you attend a Church? \_\_\_\_\_

If yes, give the name and address of the church you attend: \_\_\_\_\_

\_\_\_\_\_

How frequently do you attend (number of times/month)? \_\_\_\_\_

Are you a Member of the church? Bride: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Are you a Christian? Groom: Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly explain how and when you became a Christian, and how being a Christian has changed your life:

\_\_\_\_\_

What is your church background?

\_\_\_\_\_

Do you have any specific questions or requests?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_