

WEDDING APPLICATION 6-11

Covenant Presbyterian Church

2070 Ridgecliff Road, Columbus, OH 43221

Phone: (614) 451-6677 Fax: (614) 451-1326 Email: joanpogalies@covenantpcusa.org

Please complete this form and submit it at least two months before the wedding. **This form must be accompanied by a deposit check (\$475. for members; \$525. for non-members) to reserve the wedding date on the church calendar. The deposit is refundable up to 30 days before the date of the wedding (less \$50 consulting fee for coordinator if applicable).** Please contact the Minister of at least two months before the wedding. Wedding Coordinator, Lynn Elliott, will contact you at least two months prior to your wedding.

	Groom		Bride
Full Name			
Bride's Maiden Name	////////////////////////////////////		
Street Address			
City, State, Zip			
Home Phone			
Business Phone			
E-mail			
Birth Date			
Parents' Names			
Member of what Church			
Occupation / School			
If previously married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed - Date: _____		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed - Date: _____

Wedding Date _____ Time _____

Rehearsal Date _____ Time _____

*Minister Requested _____

Sanctuary _____ Chapel _____ Other Location _____

Number of: _____ Groomsmen, _____ Bridesmaids, _____ Flower girls, _____ Ring Bearers

Approximate Number of Guests _____ Reception at Covenant _____ Yes, _____ No

Person Presenting the Bride _____ Relationship? _____

Soloist Approved by Minister of Music _____

Witnesses (generally the Best Man and Maid / Matron of Honor) _____

Address After Marriage _____

Couple's Married Names _____

DATE THIS FORM WAS SUBMITTED _____ Marriage License # _____

Approved by: _____ Officiating Pastor _____ Wedding Coordinator _____ Minister of Music/Organist
 _____ Office Administrator **Copy To:** _____ Membership Administrator