

MONUMENT OF FAITH CHURCH
A Ministry of the Church of God of Prophecy
Telephone (919) 688-7838 Fax (919) 688-7718

WEDDING APPLICATION

Bride's Name: _____

Address: _____

Telephone (H): _____ (W): _____

Email: _____ Cell Phone: _____

Groom's Name: _____

Address: _____

Telephone (H): _____ (W): _____

Email: _____ Cell Phone: _____

Have you reviewed Monument of Faith's Wedding Policies and Procedures? _____

What is your membership status? (Refer to Wedding Policies and Procedures)

Active

Have you been actively involved in church ministries over the past 12 months? _____

Please list the ministries: _____

Have you consistently tithed over the past 12 months? _____

Non-active

Non-member

Requested Date for Wedding: _____ Alternate Date: _____

Time of Ceremony: _____ Approximate Number of Guests: _____

Date of Rehearsal: _____

Time of Rehearsal: _____

Rehearsal Dinner on Church campus? Yes No

Time of Rehearsal Dinner: _____

Number of Guests: _____

Approximate Number in Wedding Party: _____

Number of Ministers Officiating Ceremony: _____

Name(s) of Guest Minister(s): _____

Have you completed premarital counseling? _____

If so, please provide the name of the minister/counselor: _____

Address: _____

Telephone (H): _____ (W): _____

Wedding Director's Name: _____

Address: _____

Telephone (H): _____ (W): _____

Designee's Name: (Refer to Wedding Policies and Procedures): _____

Address: _____

Telephone (H): _____ (W): _____

Bride's Signature: _____ Date: _____

Groom's Signature: _____ Date: _____