

GROVE BAPTIST CHURCH



WEDDING APPLICATION FORM

Please complete this form and submit with your \$100 deposit to the first meeting with the Minister of Pastoral Care or the Assistant Pastor.

Date Submitted: _____/_____/_____

REQUESTED DATES

Wedding: Month: _____ Day: _____ Year: _____ Time: _____

Rehearsal: Month: _____ Day: _____ Year: _____ Time: _____

Rehearsal Dinner/Fellowship Hall: Day: _____ Time: _____ # Guests: _____

After Wedding Reception / Fellowship Hall: Yes _____ No _____

Ceremony Location: Sanctuary _____ Prayer Garden: _____ Other: _____

BRIDE'S INFORMATION

Name of Bride: _____
Full name

Mailing Address: _____

Contact Number: _____
Home No. _____ Cell No. _____

Church Membership: _____

Discipleship Training / New Converts & New Members Class Confirmation: _____/_____/_____

GROOM'S INFORMATION

Name of Groom: _____
Full name

Mailing Address: _____

Contact Number: _____
Home No. _____ Cell No. _____

Church Membership: _____

Discipleship Training / New Converts & New Members Class Confirmation: _____/_____/_____

POST MARITAL INFORMATION

How do you want your names to appear on correspondence after the marriage?

Mailing Address and Phone No. after the marriage?

CEREMONY INFORMATION

Name of Bride’s Parents: _____

Name of Groom’s Parents: _____

Music:

Organ _____ Piano: _____ Soloist: _____ Other: _____

Name of Florist: _____ Phone No. _____

Will florist...

Leave flowers in the church? Yes _____ No _____ Provide Altar Cloth? Yes _____ No _____

Provide Unity Candle? Yes _____ No _____ Provide Candelabra? Yes _____ No _____

Name of Photographer: _____ Phone No: _____

SPACE REQUESTED AND DATES FOR EACH:

_____ Sanctuary _____ Fellowship Hall (FH)
_____ Prayer Garden _____ Back Parking Lot (BPL)
_____ Front Parking Lot _____ Multipurpose Room (MR)
_____ Kitchen (non-cooking only) (K)

EQUIPMENT / SERVICES NEEDED (Check and include facility initials)

_____ Musician _____ Chairs
_____ Organ (Sanctuary Only) _____ Piano (Sanctuary Only)
_____ Table(s) _____ TV/VCR
_____ Projector/Screen

WILL PAY FEES BY:

_____ Check _____ Cash

FOR OFFICE USE ONLY

Bride: _____

Groom: _____

Date /Time of Wedding: _____

Location: _____

Requirements /Dates Completed:

Discipleship Training: ____/____/____

Couples Inventory: ____/____/____

Pre-Marital Workshop: ____/____/____

Pre-Marital Counseling: ____/____/____

FACILITIES / SERVICES	COST	OFFICE USE ONLY
Sanctuary Wedding	\$450.00	
Sanctuary Renewal of Vows	\$350.00	
Prayer Garden Wedding	\$200.00	
Prayer Garden Renewal of Vows	\$200.00	
Off-Site Wedding	\$150.00	
Officiating Minister	Love Gift	
Sexton/Custodian	\$50.00 <i>(each additional 2 hr. period)</i>	
Projection / Sound System Operator	\$50.00 <i>(per person each additional 2 hr. period)</i>	
		TOTAL DUE \$ _____ AMOUNT PAID \$ _____ BALANCE DUE \$ _____

Applicant's Signature: _____

Date: _____

Reviewed by:

Minister Shirley Jackson, Min. of Pastoral Care _____

Date: _____

Dr. Maggi Curry-Williams, Min of Administration _____

Date: _____

Approved by:

Dr. Melvin O. Marriner, Senior Pastor _____

Date: _____

**RETURN THIS APPLICATION TO THE MINISTER OF PASTORAL CARE WITH YOUR \$100 DEPOSIT.
(Keep a copy for your files)**