

Faith Memorial Chapel

Christian Wedding Application Form

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| Bride’s Name: |  |  |
| Address: |  |  |
|  |  |  |
| Telephone: | Email: |  |
|  |  |  |
| Groom’s Name: |  |  |
| Address: |  |  |
|  |  |  |
| Telephone: | Email: |  |
|  |  |  |
| Name of Sponsoring Trustee: |  |  |
| Telephone: | Email: |  |
|  |  |  |
| Date & Time of Proposed Wedding: |  |
|  |  |  |
| Date & Time of Proposed Rehearsal: |  |
|  |  |  |
| I have read the guidelines for wedding at Faith Memorial Chapel and agree to abide by them. |
| Bride’s Signature: |  |  |
| Groom’s Signature: |  |  |
|  |  |  |
| The refund check for damage deposit should be sent to: |
| Name: |  |  |
| Address: |  |  |