

Wedding Application
First Baptist Church, McKinney

We the undersigned couple have read the values and beliefs printed in this Wedding Application. We commit to abide by these beliefs. If there are areas in which we disagree, we understand that we have the freedom to discuss those differences with the mentor couple and the minister. We also understand that if we cannot abide by these values and beliefs, the minister and church have the right/option to decline performing the wedding ceremony.

Today's date: _____

Wedding Date: _____

Groom's Name (print)

Bride's Name (print)

Groom's Signature

Bride's Signature

Minister's Signature

Groom's Address _____

Bride's Address _____

City _____ ST ____ Zip _____

City _____ St ____ Zip _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

E-Mail _____ Date of Birth _____

E-Mail _____ Date of Birth _____

Occupation _____

Occupation _____

Religious background: Jewish _____ Catholic _____

Religious background: Jewish _____ Catholic _____

Protestant _____ Other/None _____

Protestant _____ Other/None _____

Have you ever been married before? Yes No

Have you ever been married before? Yes No

If "Yes" when was your divorce final? _____

If "Yes" when was your divorce final? _____

Do you have children? Yes No If yes, ages _____

Do you have children? Yes No If yes, ages _____

Are you a First Baptist Church Member? Yes No

Are you a First Baptist Church Member? Yes No

Address after marriage: _____ City _____ ST _____ Zip _____

WEDDING CEREMONY

Rehearsal Date _____ Rehearsal Time _____ Wedding Date _____ Wedding Time _____

Worship Center Chapel Fireside Room Gym Other

FBC Members Only – Do you plan to have your reception at FBC? Yes No If yes, where? _____

FBC Minister Officiating _____ **It is your responsibility to request this minister to officiate.**

If you wish to have permission to ask an outside minister to officiate or co-officiate, please complete the following information:

Name _____ Church Affiliation _____ Relationship to you? _____

City _____ ST _____ Phone _____ E-Mail _____

Office Use Only

Date received _____ Calendar Approval _____ Coordinator Assigned _____

Comments _____