



### WEDDING APPLICATION

Requested Wedding Date:

1<sup>st</sup> choice: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_ Time: \_\_\_\_\_

Requested Wedding Location: \_\_\_\_\_

Requested Reception Location: \_\_\_\_\_

**Bride:** \_\_\_\_\_ **Groom:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_ Is this your first marriage? \_\_\_\_\_

If not, how did the first one end? \_\_\_\_\_ If not, how did the first one end? \_\_\_\_\_

Church Member? \_\_\_\_\_ Church Member? \_\_\_\_\_

Minister Performing Ceremony: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return this form to:

Wedding Coordinator, Fax 770.979.2502, or mail: 1440 Dogwood Road, Snellville, GA 30078

#### FOR CHURCH USE ONLY

Facility Available: \_\_\_ Yes \_\_\_ No Signature \_\_\_\_\_ Date: \_\_\_\_\_

Minister Approved: \_\_\_ Yes \_\_\_ No Signature \_\_\_\_\_ Date: \_\_\_\_\_

Counseling Approval: \_\_\_ Yes \_\_\_ No Signature \_\_\_\_\_ Date: \_\_\_\_\_

Premarital Counselor: \_\_\_\_\_

If using a counselor other than Grace's counselor, a letter must be sent by the counselor to the Wedding Coordinator at least 2 weeks prior to wedding, confirming completion of pre-marital counseling.

Counseling Letter Received: \_\_\_ Yes \_\_\_ No Date: \_\_\_\_\_