Please fill in completely, TYPED and return by mail, with deposit check, to:
St. Charles Avenue Presbyterian Church, 1545 State Street | New Orleans, LA 70118
Handwritten copies will not be accepted.
Lynn Hoffman at lynn@scapc.org | 504-897-0101, ext.215

WEDDING APPLICATION

ST. CHARLES AVENUE PRESBYTERIAN CHURCH, NEW ORLEANS

Wedding Date: _____ Time _____

Rehearsal Date: _____ Time *(check one)* ☐ 5:00 pm OR ☐ 5:30 pm

Location: ☐ Sanctuary or ☐ Chapel. To arrange for music, please contact Steven Blackmon at 897-0101 or steven@scapc.org

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PARTICIPANT

Full Name _____ Age _____

Address _____ City _____ State & ZIP _____

Phone _____ Email _____

Occupation _____

Member of which church _____ Active? _____

Previously married ☐ No ☐ Yes If divorced or widowed, date _____

PARTICIPANT

Full Name _____ Age _____

Address _____ City _____ State & ZIP _____

Phone _____ Email _____

Occupation _____

Member of which church _____ Active? _____

Previously married ☐ No ☐ Yes If divorced or widowed, date _____

GENERAL INFORMATION

Number of: Guests expected _____ Bridesmaids _____ Groomsmen _____ Ushers _____

Florist's Name _____ Phone _____

Photographer's Name _____ Phone _____

Have you read the church wedding policies and agree to abide by them? Yes ☐ No ☐

Participant's Signature _____ Date _____

Participant's Signature _____ Date _____

If you are not a member of St. Charles Avenue Presbyterian Church, please use the reverse side to tell us why you wish to be married here.

For Office Use Only

Date received _____ Balance Amount Due and Date: _____

Wedding Coordinator _____

Officiant _____

Sexton on duty _____

Counseling Date 1 _____

Counseling Date 2 _____

Counseling Date 3 _____