

Please return this form to Wedding Coordinator Sara Warren at sarawarren1@yahoo.com or 1545 State Street / New Orleans, LA 70118 or fax to (504) 897-0105.

WEDDING APPLICATION

St. Charles Avenue Presbyterian Church

Wedding Date _____ Time _____

Rehearsal Date _____ Time (check one) 5:00 p.m. _____ 5:30 p.m. _____

Sanctuary _____ Chapel _____ Off Site (place and address) _____

To arrange for music, please contact Steven Blackmon at 897-0101 x125.

BRIDE

Full Name _____ Age _____

Address _____ City & State _____ Zip _____

Phones (H) _____ (O) _____ (C) _____

Occupation _____ Email _____

Member of which church _____ Active? _____

Previously married No _____ Yes _____ If divorced, date finalized _____

GROOM

Full Name _____ Age _____

Address _____ City & State _____ Zip _____

Phones (H) _____ (O) _____ (C) _____

Occupation _____ Email _____

Member of which church _____ Active? _____

Previously married No _____ Yes _____ If divorced, date finalized _____

GENERAL INFORMATION

Bride's parents present Yes _____ No _____ Groom's parents present Yes _____ No _____

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 _____

Bride's Signature _____ Date _____

Groom's Signature _____ Date _____

If you are not a member of this church, please use the reverse side to tell us why you wish to be married here.