

Please fill in completely, TYPED and return by mail, with deposit check, to:  
Wedding Administrator, 1545 State Street | New Orleans, LA 70118  
**Handwritten copies will not be accepted.**  
Bonnie Shoemaker at [bonnie@scapc.org](mailto:bonnie@scapc.org) | 504-897-0101, ext.112

## 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](mailto:steven@scapc.org)

---

### 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 \_\_\_\_\_