

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.
Pierce Young at pierce@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

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 _____