

# APPLICATION FOR CHRISTIAN MARRIAGE

**PEACE MEMORIAL PRESBYTERIAN CHURCH  
110 SOUTH FT. HARRISON AVENUE,  
CLEARWATER, FLORIDA 33756**

*Please complete both sides and return to the church office. When this application is received the church office will reserve your wedding date/time on the calendar. However, please note that you cannot rely on this date as final until the discernment process is completed to the satisfaction of the pastor and final approval of the Session is received. (See items A, B, and C in the Wedding Policy.)*

**NAME OF BRIDE** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street, City, State, Zip:** \_\_\_\_\_ **Phone:(H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Church Membership:** Member of this church? YES \_\_\_\_\_ NO \_\_\_\_\_

**In what congregation are you currently active?** \_\_\_\_\_

**Your current pastor's name, address, phone** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Any Previous Marriage?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Parents' names** \_\_\_\_\_

**NAME OF GROOM** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street, City, State, Zip;** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Church Membership:** Member of this church? YES \_\_\_\_\_ NO \_\_\_\_\_

**In what congregation are you currently active?** \_\_\_\_\_

**Your current pastor's name, address, phone** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Any Previous Marriage?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

**DATE OF CONTEMPLATED MARRIAGE** \_\_\_\_\_

**Time** \_\_\_\_\_

**Address Following Marriage** \_\_\_\_\_

**\*DATE OF REHEARSAL (see item M)** \_\_\_\_\_ **Time** \_\_\_\_\_

\*Reception at the Church? ( see item L N. and P) YES\_\_\_\_\_NO\_\_\_\_\_

Name of Caterer (see item P, Q) \_\_\_\_\_Phone\_\_\_\_\_

Name of Florist (see item L) \_\_\_\_\_Phone\_\_\_\_\_

Name of Photographer (see item L) \_\_\_\_\_Phone\_\_\_\_\_

\*Please see page 7 in the Wedding Policy regarding Fees and Honoraria.

### **AGREEMENT**

*I agree that I will abide by these policies and understand that failure to do so may result in the cancellation of my wedding at Peace Memorial Presbyterian Church.*

*I have read and understand the policies regarding weddings held at Peace Memorial Presbyterian Church, Clearwater, Florida.*

**Signature of Bride:** \_\_\_\_\_

Date:\_\_\_\_\_

**Signature of Groom:** \_\_\_\_\_

Date:\_\_\_\_\_

A refundable deposit of \$500.00 must accompany this application.