

Grace Bible Church Wedding Ministry

Wedding/Premarital Counseling Application Facilities Reservation Request Form

BRIDE

GROOM

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE (H): _____

PHONE(H): _____

PHONE(CELL): _____

PHONE(CELL): _____

E-MAIL: _____

E-MAIL: _____

HOW LONG ATTENDED GRACE: _____

HOW LONG ATTENDED GRACE: _____

DESCRIBE YOUR INVOLVEMENT AT GBC: _____

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Complete the area below if you need Grace facilities.

Premarital Counseling Only, please complete the other side.

Date & Facilities Requested:

	<u>Date</u>	<u>Time of Day</u>	<u>Anderson/Southwood</u>
1 st Choice:	_____	_____	_____
2 nd Choice:	_____	_____	_____
3 rd Choice:	_____	_____	_____

Do you plan to have any of the following at our facilities:

Rehearsal Dinner:	___yes	___no
Reception:	___yes	___no
Dinner at Reception:	___yes	___no

Minister Performing Ceremony:

	<u>Name</u>	<u>Church (if not GBC*)</u>
1 st Choice:	_____	_____
2 nd Choice:	_____	_____
3 rd Choice:	_____	_____

*The use of other ministers for the ceremony must be cleared by the Pastoral Staff. You will need to provide a doctrinal statement from the non-GBC Pastor before your date can be confirmed.

Have you contacted the above minister(s)?	___yes	___no
Will minister(s)' availability affect your choice of the wedding date?	___yes	___no

Other information you want us to know:

(OVER)

Office Use Only:	Date Rec'd: _____	Pastor: _____	Doct. Stmt.: _____
Application Distribution:	Pastor _____	Wedding Coord. _____	Premarital Ministry _____
	Custodian _____	Sound _____	Finance _____

Our policy requires premarital counseling for all couples married at Grace or by a Grace Pastor. Please answer the following questions:

How long have you dated? _____
When did you get engaged? _____
Have you or your fiancé been married before? _____ If yes, when? _____
When is the wedding date? _____ Where is the wedding? _____
Who is performing the ceremony? _____

BRIDE

GROOM

AGE, EDUCATION & MAJOR: _____ AGE, EDUCATION & MAJOR: _____

JOB EXPERIENCE: _____ JOB EXPERIENCE: _____

INTERESTS/HOBBIES: _____ INTERESTS/HOBBIES: _____

PLEASE WRITE A BRIEF TESTIMONY OF
HOW YOU BECAME A CHRISTIAN:

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HOW YOU BECAME A CHRISTIAN:

When would you prefer to begin GBC's premarital training? _____

When do you need to complete training? _____

If you are not receiving GBC's pre-marriage counsel, please give details of your chosen counsel program:

Please carefully read the information about our policies which are attached to this application form. After doing so, please sign below indicating your acceptance of those policies. Keep the policies for your reference and information.

Bride's Signature: _____ Groom's Signature: _____

Date: _____ Date: _____