

Wedding Application - 04-14-21

Congratulations on your engagement! Marriage is a wonderful blessing.

If you are interested in having your wedding ceremony at our church,

please fill out this form and submit it to:

The Christian Reformed Church of St. Joseph, 3275 Washington Ave., St. Joseph, MI 49085

office@crsj.org / 269-429-5541

Name of Groom: _____

Name of Bride: _____

Contact Email: _____

Proposed Wedding Date: _____ Time: _____

Marital History (Groom): ____ First Marriage ____ Previously Married

If Previously Married: ____ Divorced ____ Widowed

Marital History (Bride): ____ First Marriage ____ Previously Married

If Previously Married: ____ Divorced ____ Widowed

Living Arrangements: ____ Living Separately ____ Living Together

Name of Clergy to Officiate Ceremony: _____

If Other than Current CRCSJ Pastor, Church in which Clergy is Ordained: _____

Clergy Contact Phone: _____

Will the Reception be at the Church? ____ Yes ____ No

If Yes

Start Time: _____ End Time: _____

Do You Plan to have a DJ, Music, and Dancing? ____ Yes ____ No

When Will the Rehearsal Be? Date: _____ Time: _____

Will there be a rehearsal dinner? ____ Yes ____ No

If Yes....

Will It be at the Church? ____ Yes ____ No

Start Time: _____ End Time: _____

Thank you for your wedding application.

Our pastoral staff will review it right away and contact you about how to proceed.