

WEDDING APPLICATION (Revised 02/2021)

2070 Ridgecliff Road, Columbus, OH 43221

Phone: 614-451-6677 Email: covenant@covenantpcusa.org Web: www.covenantpcusa.org

Complete this form and submit at least 2 months before the wedding. This form must be accompanied by a deposit check (\$475. For members: \$525 for non-members) to reserve the wedding date on the church calendar. The deposit is refundable up to 30 days before the date of the wedding (less \$50 consulting fee for coordinator if applicable). Contact the Minister at least 3 months before the wedding. Our Wedding Coordinator will contact you at least 2 months prior to your wedding.

	Groom		Bride
Full Name			
Bride's Maiden Name	///////////////////////////////////////	///////////////////////////////////////	
Street Address			
City, State, Zip			
Home Phone			
Business Phone			
E-mail			
Birth Date			
Parents' Names			
Member of what Church			
Occupation / School			
If previously married	□ Divorced □ Widowed - Date:		□ Divorced □ Widowed - Date:
Wedding Date _		Time	
Rehearsal Date Time			
Minister Reques	ted		
Sanctuary	Chapel Other Loc	cation	
Number of:	Groomsmen, Bridesmaids,	Flower gir	ls, Ring Bearers
Approximate Number of Guests Reception at Covenant Yes,No			
Person Presenting the Bride Relationship?			
Soloist Approved by Minister of Music			
Witnesses (generally the Best Man and Maid / Matron of Honor)			
Address After	Marriage		
Couple's Marri	ied Names		
DATE THIS FORM WAS SUBMITTED Marriage License #			
Approved by: Office Copy To:			f Music or Organist Office Manager