

**FIRST PRESBYTERIAN CHURCH**  
1250 Watson Rd.  
Mt. Pleasant, Michigan 48858  
Ph:(989) 773-9609 Fax:(989) 779-2136

**WEDDING INFORMATION FORM**

License \_\_\_\_\_ File \_\_\_\_\_

\_\_\_\_\_  
Full Name of the Bride

\_\_\_\_\_  
Full Name of the Groom

Date of Wedding \_\_\_\_\_ Time \_\_\_\_\_

Date of Rehearsal \_\_\_\_\_ Time \_\_\_\_\_

Invited Minister \_\_\_\_\_

Organist \_\_\_\_\_

Soloist \_\_\_\_\_

Reader \_\_\_\_\_

Other \_\_\_\_\_

No. of Guests \_\_\_\_\_

Maid/Matron of Honor \_\_\_\_\_ Residence \_\_\_\_\_

Best Man \_\_\_\_\_ Residence \_\_\_\_\_

No. of Bridesmaids \_\_\_\_\_ No. of Groomsmen \_\_\_\_\_ No. of Ushers \_\_\_\_\_

Flower Girl \_\_\_\_\_ Age \_\_\_\_\_ Ring Bearer \_\_\_\_\_ Age \_\_\_\_\_

Person Giving Bride Away \_\_\_\_\_

Double Ring \_\_\_\_\_ Single Ring \_\_\_\_\_

**WILL BE USING THE FOLLOWING (Please circle):**

Candelabra	Window Candles	Unity Candle	Family Candles
Brass Vases	Kneeling Bench	Aisle Runner	Book Stand
Pew Bows	Number of Clips	Seating	
Receiving Line _____	Place _____		

Florist \_\_\_\_\_ Photographer \_\_\_\_\_

Place of Reception \_\_\_\_\_

Dress at church: Bride \_\_\_\_\_ Groom \_\_\_\_\_

**PERSONAL INFORMATION**

**BRIDE'S Address** \_\_\_\_\_ **Age** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Church Relationship** \_\_\_\_\_

**Employed at:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Present at Rehearsal: Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**Present at Ceremony: Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**No. of Marriage** \_\_\_\_\_

**Parent's Address** \_\_\_\_\_

**GROOM'S Address** \_\_\_\_\_ **Age** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Church Relationship** \_\_\_\_\_

**Employed at:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Present at Rehearsal: Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**Present at Ceremony: Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**No. of Marriage** \_\_\_\_\_

**Parent's Address** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Date of Application** \_\_\_\_\_  
(Wedding Booklet to be issued at this time)

**Date of Interview and Review** \_\_\_\_\_  
(Wedding Booklet reviewed with minister; signature upon review; wedding date approved; deposit made)

**Date of Wedding Conference** \_\_\_\_\_  
(Signature by couple and church representative)

**License discussed: Y N**

**Check Number** \_\_\_\_\_ **Deposit** \_\_\_\_\_ **Date** \_\_\_\_\_

**FEES:**

A fee of \$2,550.00 with \$600.00 a non-refundable deposit is due at the date of reservation. The remainder of the fees to be paid at the church office at least 1 week prior to the wedding.