



# Old Pine Wedding Information Form

DATE OF APPLICATION: \_\_\_\_\_

DATE & TIME OF WEDDING CEREMONY: \_\_\_\_\_

DATE & TIME OF WEDDING REHEARSAL: \_\_\_\_\_

LOCATION & TIME OF RECEPTION: \_\_\_\_\_

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## CONTACT INFORMATION

### APPLICANT #1

First & Last Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Prior Marriage \_\_\_\_\_

### APPLICANT #2

First & Last Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Prior Marriage \_\_\_\_\_

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## OFFICIATING PASTOR'S INFORMATION *(If not using one of Old Pine's Ministers)*

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Email \_\_\_\_\_

### OFFICE USE

Session Approval Date: \_\_\_\_\_ Deposit Rec'd: \_\_\_\_\_ Balance Rec'd: \_\_\_\_\_