



FAITH DELIVERANCE WORSHIP CENTER

APPLICATION FOR MARRIAGE CEREMONY

Proposed Date for Wedding: _____

Time: _____

Alternate Date for Wedding: _____

Time: _____

Name of Applicant: _____

Age _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Telephone # _____ **Cell Phone #** _____

Email Address: _____

Member of FDWC: YES NO

Accepted Christ as Savior YES NO

Name of Bride/Groom: _____

Age _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _(____)_____ **Cell Phone:** _(____)_____

Email Address: _____

Member of FDWC: **YES** **NO**

Accepted Christ as Savior: **YES** **NO**

Address After Wedding: _____

Phone (____) _____

Marital Status Information

Marital Status: Bride Single Divorced Widow

Marital Status: Groom Single Divorced Widow

If divorced, explain the circumstances of the divorce:

REQUIRED Counseling Classes/Meetings

We agree to attend classes with the Pastor: YES NO

If No, explain the reason why you cannot attend.

We will meet with the minister who will perform the ceremony.

YES NO

If No, explain the reason why you cannot meet.

Is there any other information you would like Pastor Linda M. DeSeignora to know when considering your application?

Thank you for your application. We will contact you within three weeks regarding the status of your application.