

WEDDING APPLICATION

GROOM	BRIDE
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:
Parents:	Parents:
Employer:	Employer:

ARE YOU A MEMBER/ACTIVE ATTENDER OF HILLSIDE CHURCH? (at least 6 months)

GROOM	<input type="checkbox"/> YES	If not, where? (Church, City, State)
BRIDE	<input type="checkbox"/> YES	If not, where? (Church, City, State)
GROOM'S PARENTS	<input type="checkbox"/> YES	If not, where? (Church, City, State)
BRIDE'S PARENTS	<input type="checkbox"/> YES	If not, where? (Church, City, State)

HAS EITHER PERSON BEEN MARRIED BEFORE?

GROOM	<input type="checkbox"/> NO	If so, to whom?	Children? (Names & ages)
BRIDE	<input type="checkbox"/> NO	If so, to whom?	Children? (Names & ages)

WHAT ARE YOUR CURRENT LIVING ARRANGEMENTS?

GROOM	<input type="checkbox"/> ALONE <input type="checkbox"/> WITH SAME SEX ROOMMATES <input type="checkbox"/> WITH FIANCE <input type="checkbox"/> WITH PARENTS <input type="checkbox"/> WITH RELATIVE	BRIDE	<input type="checkbox"/> ALONE <input type="checkbox"/> WITH SAME SEX ROOMMATES <input type="checkbox"/> WITH FIANCE <input type="checkbox"/> WITH PARENTS <input type="checkbox"/> WITH RELATIVE
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ARE YOU A CHRISTIAN?

GROOM	<input type="checkbox"/> NO	If yes, when did that happen?
BRIDE	<input type="checkbox"/> NO	If yes, when did that happen?

DESIRED OFFICIATING PASTOR FROM HILLSIDE

1ST CHOICE		2ND CHOICE	
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WEDDING/REHEARSAL DATES & TIMES • LOCATIONS

1ST CHOICE		2ND CHOICE	
Wedding Day/Time		Wedding Day/Time	
Rehearsal Day/Time		Rehearsal Day/Time	
WEDDING		REHEARSAL	
<input type="checkbox"/> Hillside Church		<input type="checkbox"/> Hillside Church	
<input type="checkbox"/> Offsite (<i>List Venue</i>)		<input type="checkbox"/> Offsite (<i>List Venue</i>)	