

## Wedding Application Form

This application must be completed and approved before any wedding date will be reserved at International Worship Centre. Please return it to the church office or at the information desk for processing.

Date of Application: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved Wedding

Date: \_\_\_\_\_

Applicable Fees: \_\_\_\_\_

Security Deposit : \_\_\_\_\_

Date Paid: \_\_\_\_\_

Balance: \_\_\_\_\_

Noted by Office Personnel: \_\_\_\_\_

### GROOM INFORMATION

SURNAME	GIVEN NAMES	BIRTHDATE	BIRTHPLACE
---------	-------------	-----------	------------

RESIDENCE BEFORE MARRIAGE (COMPLETE ADDRESS)

HOME PHONE NUMBER	WORK PHONE NUMBER	HEALTH CARD NUMBER
-------------------	-------------------	--------------------

MAILING ADDRESS AFTER MARRIAGE	RELIGIOUS DENOMINATION/CONFESSION
--------------------------------	-----------------------------------

GROOM'S FATHER (SURNAME, GIVEN NAMES)	EMAIL ADDRESS
---------------------------------------	---------------

GROOM'S MOTHER (SURNAME, GIVEN NAMES)	<b>MARITAL STATUS</b> <input type="checkbox"/> NEVER PREVIOUSLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
FATHER'S BIRTHPLACE      MOTHER'S BIRTHPLACE	

### BRIDE INFORMATION

SURNAME	GIVEN NAMES	BIRTHDATE	BIRTHPLACE
---------	-------------	-----------	------------

RESIDENCE BEFORE MARRIAGE (COMPLETE ADDRESS)

HOME PHONE NUMBER	WORK PHONE NUMBER	HEALTH CARD NUMBER	SURNAME AFTER THIS MARRIAGE
-------------------	-------------------	--------------------	-----------------------------

MAILING ADDRESS AFTER MARRIAGE	RELIGIOUS DENOMINATION/CONFESSION
--------------------------------	-----------------------------------

BRIDE'S FATHER (SURNAME, GIVEN NAMES)	EMAIL ADDRESS
---------------------------------------	---------------

BRIDE'S MOTHER (SURNAME, GIVEN NAMES)	<b>MARITAL STATUS</b> <input type="checkbox"/> NEVER PREVIOUSLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
FATHER'S BIRTHPLACE      MOTHER'S BIRTHPLACE	

SPONSOR INFORMATION (MALE)	SPONSOR INFORMATION (FEMALE)
----------------------------	------------------------------

SPONSOR #1	SPONSOR #1
------------	------------

SPONSOR #2	SPONSOR #2
------------	------------

SPONSOR #3	SPONSOR #3
------------	------------

SPONSOR #4	SPONSOR #4
------------	------------

SPONSOR #5	SPONSOR #5
SPONSOR #6	SPONSOR #6

**WEDDING INFORMATION**

WEDDING DATE REQUESTED	WEDDING START TIME
WEDDING LOCATION	NUMBER OF GUESTS EXPECTED
RECEPTION LOCATION	RECEPTION START TIME
NAME OF OFFICIATING MINISTER	NAME OF SOLOIST(S)
REHEARSAL DATE	REHEARSAL TIME

WEDDING PACKAGE (Choose one based from the 'Wedding Fees and Guidelines' specifications)

\_\_\_\_\_ Package 1: Wedding Celebration in a location chosen by the couple (within Winnipeg)

\_\_\_\_\_ Package 2: Church Wedding Celebration @ IWC's Rec. Room

\_\_\_\_\_ Package 3: Wedding Celebration in a location chosen by the couple (outside Winnipeg but within Manitoba).  
Travel fees apply.

**COUNSELING AVAILABILITY**

Counseling before marriage is required for up to 6 sessions depending on the time and availability of the couple and the Officiating Minister. Please indicate date and time of your availability.

1st Choice _____	4th Choice _____
2nd Choice _____	5th Choice _____
3rd Choice _____	6th Choice _____

By submitting this application, I confirm that all information submitted on this application is true and correct to the best of my knowledge. I also agree to pay applicable fees in full one week prior to my wedding.

Signature \_\_\_\_\_ Date \_\_\_\_\_