

WEDDING DATE AND TIME REQUESTED: _____
Month Day Year Time

WEDDING APPLICATION
THE FIRST PRESBYTERIAN CHURCH IN THE CITY OF New York
12 West 12th Street, New York, NY 10011 (212) 675-6150

SPOUSE A

Name _____

Address _____

City State Zip

Name to be used in ceremony: _____

Telephone Numbers (Business and Home):

Email address _____

Date of Birth _____

Father's Name _____

Mother's Maiden Name _____

Church Affiliation _____

Single, Widowed, No. of times
or Divorced? _____ Married? _____

Occupation _____

Spouse A's Witness (Name and Address)

Name of Minister Officiating _____

Date of Rehearsal _____

Place Issuing License _____

SPOUSE B

Name _____

Address _____

City State Zip

Name to be used in ceremony: _____

Telephone Numbers (Business and Home):

Email address _____

Date of Birth _____

Father's Name _____

Mother's Maiden Name _____

Church Affiliation _____

Single, Widowed, No. of times
or Divorced? _____ Married? _____

Occupation _____

Spouse B's Witness (Name and Address)

Date of Conference with Minister _____

Time of Rehearsal _____

(Please bring license to rehearsal.)

Please complete reverse side.

Place of Wedding:

_____ Church Sanctuary

_____ Alexander Chapel (seats about 35 comfortably)

_____ Other – Address: _____

Candelabra Requested (optional): _____

Florist Name and Telephone:

Spouse A and B Names after Marriage:

Address after Marriage:

We understand that date and time will be confirmed in writing within five business days after the application is received. We have read and understand **ARRANGEMENTS FOR MARRIAGE SERVICE**.

SPOUSE A's SIGNATURE: _____

SPOUSE B's SIGNATURE: _____

DATE: _____

Print Names as you wish them to appear on Marriage Certificate:

Spouse A: _____
First Middle Last Name

Spouse B: _____
First Middle Last Name

Initialed by:

_____ Minister _____ Organist _____ Business Administrator _____ Sexton

DATE AND TIME CONFIRMED
AND PLACED ON MASTER CALENDAR: _____