

# Bethel Church Wedding Application

Ceremony Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location:  WORSHIP CENTER  FAMILY LIFE CENTER  PRAYER CHAPEL  OFFSITE \_\_\_\_\_

Rehearsal Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reception Location:  FAMILY LIFE CENTER  GYM  OFFSITE \_\_\_\_\_

## **Bride:**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Church: \_\_\_\_\_ Member? Yes  No

Number of Previous Marriages: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Reason(s) for Divorce: \_\_\_\_\_  
\_\_\_\_\_

## **Groom:**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Church: \_\_\_\_\_ Member? Yes  No

Number of Previous Marriages: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Reason(s) for Divorce: \_\_\_\_\_  
\_\_\_\_\_

## **OFFICE USE**

Facility Reserved: \_\_\_\_\_ By: \_\_\_\_\_ Rooms Reserved: \_\_\_\_\_

Counseling: \_\_\_\_\_ Pastor: \_\_\_\_\_

Wedding Coordinator: \_\_\_\_\_ Reception Coordinator: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Deposit Received: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Balance Received: \_\_\_\_\_

Bethel Pastor:  
First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**OR**  
Guest Pastor: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

A Guest Pastor must be a licensed or ordained minister of the Gospel to perform your ceremony at Bethel Church. He must also be approved following the procedure outlined in the Wedding Handbook.

Pastor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Bride: Have you placed your faith in Jesus Christ and committed your life to Him? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Groom: Have you placed your faith in Jesus Christ and committed your life to Him? \_\_\_\_\_ Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We acknowledge we have read, understand, and agree to all of the policies and payment terms in the Bethel Church Wedding Handbook. We will do our utmost to see that members of our family and wedding party understand and follow these policies.

Groom: \_\_\_\_\_ Date: \_\_\_\_\_  
Bride: \_\_\_\_\_ Date: \_\_\_\_\_  
Address After Wedding: \_\_\_\_\_

**Please submit this completed application and \$100 deposit to Bethel Church, Attention Care Ministry.**



Bethel Church Care Ministry  
2702 30<sup>th</sup> Ave S, Fargo ND  
701-232-4476 www.bethelc.com