

Wedding Application
Word of Life Assembly of God
5225 Backlick Road, Springfield, VA 22151
703/941-2312 ~ Fax 703/941-1101 ~ ccasper@wolag.org

Bride's Full Name _____

Address _____

City, State & Zip _____

Home Phone _____

Work Phone _____

E-mail Address _____

___ Single ___ Widower ___ Divorced

What are the conditions that led to divorce? _____

Number of marriages? _____

Number of children? _____

Do your parents approve of your wedding? _____

Are you a member/regular attendee of a church? ___

Name of Church _____

Groom's Full Name _____

Address _____

City, State & Zip _____

Home Phone _____

Work Phone _____

E-mail Address _____

___ Single ___ Widower ___ Divorced

What are the conditions that led to divorce? _____

Number of marriages? _____

Number of children? _____

Do your parents approve of your wedding? _____

Are you a member/regular attendee of a church? ___

Name of Church _____

Date of Ceremony _____ Time _____

Facilities to be used
___ Sanctuary ___ Prayer Room ___ Prayer Tower

Date of Rehearsal _____ Time _____

Place of reception _____

Number in wedding party _____

Estimated attendance of ceremony _____

Will you be using any rentals from the church _____

For Office Use Only

Application Received _____ Calendar _____

Meet w/Pastor _____ Meet w/Coordinator _____

Deposit _____ Final _____

Counseling Completed _____

Status _____ Bill Sent _____

Copies: Coordinator ___ Counseling ___ Sound ___

Payments Made: Min ___ Coord ___ Sound _