

APPLICATION FOR MARRIAGE CEREMONY
The Moorings Presbyterian Church

791 Harbour Drive - Naples, Florida 34103
Phone, (239) 261-1487; FAX, (239) 261-8740

(Please PRINT and complete information on both sides)

GROOM

NAME _____
First Middle Last Age

Address _____

Phone: (Home) _____ (Work) _____

Occupation _____

Religious Denomination _____

Baptized ___ Confirmed ___ Communicant ___

Present Church _____

Previous Church _____

Number of previous marriages, if any _____

Terminated by:
Annulment ___ Divorce ___ Death of Spouse ___

If divorce, what were the circumstances and date of the last dissolution?

Names and ages of children from previous marriage(s):

BRIDE

NAME _____
First Middle Last Age

Address _____

Phone: (Home) _____ (Work) _____

Occupation _____

Religious Denomination _____

Baptized ___ Confirmed ___ Communicant ___

Present Church _____

Previous Church _____

Number of previous marriages, if any _____

Terminated by:
Annulment ___ Divorce ___ Death of Spouse ___

If divorce, what were the circumstances and date of the last dissolution?

Names and ages of children from previous marriage(s):

WEDDING DATE _____ TIME _____ REHEARSAL DATE _____ TIME _____

SANCTUARY ___ CHAPEL ___ HOME ___ OTHER ___ OFFICIANT _____

TYPE OF CEREMONY: Double Ring ___ Single Ring ___ ORGANIST _____

CONFERENCE DATES (with Minister) _____

Do you plan to have a guest minister? Yes ___ No ___

If yes, has the minister agreed to officiate? Yes ___ No ___

Minister's name _____

Church affiliation _____

Church address and phone number: _____
