

**WEDDING INFORMATION FORM**

THE WEDDING DATE IS NOT CONFIRMED ON THE CHURCH CALENDAR UNTIL THIS FORM AND THE DEPOSIT IS RECEIVED AND THE DATE HAS BEEN CONFIRMED WITH THE PASTOR.

If the wedding date is cancelled prior to 2 weeks of the requested date 85% of the deposit will be returned. Deposits will be forfeited for cancellations less than 2 weeks prior to the date.

Wedding Date \_\_\_\_\_ Time \_\_\_\_\_  
Rehearsal Date \_\_\_\_\_ Time \_\_\_\_\_  
Rehearsal Dinner Date (if required) \_\_\_\_\_ Time \_\_\_\_\_

Facilities requested: \_\_\_\_\_ Sanctuary (wedding)  
\_\_\_\_\_ Dressing Rooms (wedding)  
\_\_\_\_\_ Fellowship Hall (reception)  
\_\_\_\_\_ Fellowship Hall (rehearsal dinner)

Name of Bride \_\_\_\_\_  
Member of what church, if not Union? \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Parent(s) \_\_\_\_\_

Name of Groom \_\_\_\_\_  
Member of what church, if not Union? \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Parent(s) \_\_\_\_\_

Wedding Party  
Number of Bridesmaids \_\_\_\_\_ Number of Groomsmen \_\_\_\_\_  
Host/Hostesses/Ushers \_\_\_\_\_ Flower Girl(s) \_\_\_\_\_ Ring Bearer(s) \_\_\_\_\_

Single Ring or   Double Ring

Holy Communion  Yes   No

Unity Candle  Yes   No

WEDDING INFORMATION FORM (con't)

Song List (include name of songs and artist)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wedding Coordinator Services Requested?  Yes   No

If no, please list the name of your wedding Coordinator \_\_\_\_\_

Florist's Name \_\_\_\_\_

Photographer's Name \_\_\_\_\_

Videographer's Name \_\_\_\_\_

Musician's Name \_\_\_\_\_

Caterer's Name \_\_\_\_\_

(only if the Fellowship Hall will be used for the Rehearsal and/or reception)

Please contact the Church Office at (404) 243-9288, should you have any questions or concerns. I have read the First Baptist Church "Planning Your Wedding" Policies and agree to follow the policies and procedures set forth to ensure a memorable event.

Signature (s) Date

**CHURCH STAFF USE ONLY**

Wedding Date Confirmed  Yes   No

Counseling Scheduled  Yes   No

Deposit Received  Yes   No Date \_\_\_\_\_

Balance Received  Yes   No Date \_\_\_\_\_

Wedding Program Submitted  Yes   No

Marriage License Submitted  Yes   No