

WEDDING APPLICATION

**Trinity Presbyterian Church ~ 1500 Park Blvd. West Sacramento, CA 95691 ~
916.371.5875 ~ www.TrinityWest Sac.org**

Wedding Date Requested 1st 2nd 3rd Time _____

Rehearsal Date Requested 1st 2nd 3rd Time _____

Name of Bride: _____

Member of Trinity Yes No Other Church _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (eve) _____ Cell _____

Bride's Email: _____

Faith Background of Bride _____

Name of Groom: _____

Member of Trinity Yes No Other Church _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (eve) _____ Cell _____

Groom's Email: _____

Faith Background of Groom _____

We have read the "Celebration of Marriage" form of Trinity Presbyterian Church and agree to abide by the expectations.

Bride's Signature _____ Date _____

Groom's Signature _____ Date _____

Section below to be filled out by office staff

Total Cost _____ Date Application Received _____ Deposit Paid (Attach copy of check)

2nd Payment Received
(Attach copy of check)

Final Payment Received
(Attach copy of check)