



WEDDING APPLICATION FORM

BRIDE INFORMATION		
Surname:	Given Names:	
Surname After this Marriage:	Date of Birth:	
Birthplace:	Home Phone:	
Work/Cell Phone:	Email Address:	
Current Address:		
City	Province:	Postal Code:
Bride's Father (Surname, Given Name):		Bride's Mother (Surname, Given Name):
Marital Status: Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		Are you a KCLC Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
GROOM INFORMATION		
Surname	Given Names:	
Date of Birth:	Birthplace:	
Home Phone:	Work:	
Cell Phone:	Email:	
Current Address:		
City:	Province:	
Groom's Father (Surname, Given Name):		Groom's Mother (Surname, Given Name):
Marital Status: Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		Are you a KCLC Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
WITNESS INFORMATION		
Witness #1 Full Name:	Witness #2 Full Name:	
Address:	Address	
WEDDING INFORMATION		
Wedding Date Requested:	Wedding Start Time:	
Church Address:		
Rehearsal Date:	Rehearsal Time:	
Reception Address: 9	Reception Start Time:	
NOTES		

This application must be completed and approved. Please complete form and return to the Administration Office.

Office Use Only

Received date: ____/____/____

Confirmed Date of Wedding: ____/____/____

Pre-Marital Workshop Completed Y or N **Payment: \$** _____ **Data Entry:** ____/____/____

Loving you back to life and destiny