

Wedding Application
Richland Alliance Church

Date of Application: _____

Name of groom/Age: _____

Address: _____

Telephone/e-mail: _____

Church affiliation: _____

Name of bride/Age: _____

Address: _____

Telephone/e-mail: _____

Church affiliation: _____

Local contact person: _____

Telephone/e-mail _____

Proposed date/time of wedding: _____

Proposed date/time of rehearsal: _____

Has either party been previously married? _____

Name of clergy: _____

Address: _____

Telephone/e-mail: _____

Denomination: _____

Other relevant details: _____

FeeSchedule (See attached)

Availability Confirmed: _____

Reviewed and approved: _____

Date: _____

Bride or Representative Signatruer: _____

RAC Representative: _____