

# Wedding Application

## Centreville Baptist Church

15100 Lee Highway ~ Centreville, VA 20120  
703-830-3333

\_\_\_\_\_ Pastor  
\_\_\_\_\_ Wedding Coord. assigned  
\_\_\_\_\_ Flower Coord. contacted  
\_\_\_\_\_ Audio/Visual Tech.  
\_\_\_\_\_ Musicians  
\_\_\_\_\_ Office/File

\_\_\_\_\_ member  
\_\_\_\_\_ non-member (\$500 deposit required)  
\_\_\_\_\_ date application submitted  
\_\_\_\_\_ amount paid  
\_\_\_\_\_ date  
\_\_\_\_\_ check number  
\_\_\_\_\_ reserved date on calendar

Wedding Date \_\_\_\_\_ Time \_\_\_\_\_

Rehearsal Date \_\_\_\_\_ Time \_\_\_\_\_

Expected number of Guests \_\_\_\_\_

Reception: \_\_\_ at CBC \_\_\_ off-site Time \_\_\_\_\_

**Fees: are due and must accompany your application.**

	<u>Members</u>	<u>Non-Members</u>
Pastor	\$ 150	\$ 250
Sanctuary	\$ 200	\$ 500
Reception	\$ 200	\$ 400
Organ/Pianist	\$ 75	\$ 100
Audio Tech	\$ 75	\$ 100
Rehearsal dinner	\$ 100	\$ 200

Any adjustments will be made according to actual usage.

**Bride's Name** \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Age \_\_\_\_\_

Email: \_\_\_\_\_

First Marriage \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Number of Children \_\_\_\_\_

**Groom's Name** \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Age \_\_\_\_\_

Email: \_\_\_\_\_

First Marriage \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Number of Children \_\_\_\_\_

CBC Pastor Requested: \_\_\_\_\_

- or- Name of Outside Officiating Pastor: \_\_\_\_\_ (must complete Registration Form)

Phone Number of Officiating Pastor \_\_\_\_\_ Denomination: \_\_\_\_\_

Size of Wedding Party: Maid/ Matron of Honor \_\_\_\_\_ Bridesmaids \_\_\_\_\_ Flower Girl \_\_\_\_\_

Best Man \_\_\_\_\_ Ushers/ Groomsmen \_\_\_\_\_ Ringbearer \_\_\_\_\_

Church furniture needed: Candelabras \_\_\_ Kneeling bench \_\_\_ Unity Candle Stand \_\_\_

Address after Wedding: \_\_\_\_\_

Would you like your Wedding Certificate mailed to this address? \_\_\_ yes \_\_\_ no

If not, then where? (full address, please) \_\_\_\_\_

## **Centreville Baptist Church Use of Church Facilities Agreement**

We, the undersigned, acknowledge that we have read and understood the CBC Wedding Policies and agree to abide by them.

We also agree to make our bridal party, guests, and other professionals used by us, aware of the Church's policy prohibiting smoking inside the buildings, and prohibiting the use of alcohol and any illegal drugs on church property, and ask them to abide by the stated guidelines.

### **Bride**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **Groom**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## For CBC Pastor's Use Only

## Confidential Information Sheet

Please complete this form and return it to the Church Office in an envelope marked "Confidential -- Senior Pastor."  
Please print or type.

Bride's Name \_\_\_\_\_ Groom's Name \_\_\_\_\_

### Religious Background

Are you a professing Christian? Have you received Jesus Christ by faith as your personal Lord and Savior?

Bride \_\_\_\_\_ Groom \_\_\_\_\_

Briefly share your testimony of salvation and your religious background.

Bride: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member of what Church? \_\_\_\_\_

Address of Church \_\_\_\_\_

Groom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Member of what Church? \_\_\_\_\_

Address of Church \_\_\_\_\_

What is your current ministry/ fellowship involvement?

Bride: \_\_\_\_\_ Groom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Personal

Have you ever been divorced? Bride \_\_\_\_\_ Groom \_\_\_\_\_

If yes, please explain the circumstance on another sheet of paper.

Have you ever had a marriage annulled? Bride \_\_\_\_\_ Groom \_\_\_\_\_

If yes, please explain the circumstance on another sheet of paper.

How long have you known each other? \_\_\_\_\_

How long have you dated? \_\_\_\_\_ How long have you been engaged? \_\_\_\_\_

Are you living together now? \_\_\_\_\_

Have you been sexually active in your relationship? \_\_\_\_\_

**Family Background**

Bride's Parents' Names \_\_\_\_\_

\_\_\_ First Marriage \_\_\_ 2nd Marriage \_\_\_ Divorced \_\_\_ Deceased

Groom's Parents \_\_\_\_\_

\_\_\_ First Marriage \_\_\_ 2nd Marriage \_\_\_ Divorced \_\_\_ Deceased

In a sentence or two, describe what you remember most about your "growing-up years."

Bride: \_\_\_\_\_

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

Groom: \_\_\_\_\_

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

Have you discussed your marriage plans with your parents?

Bride \_\_\_\_\_ Groom \_\_\_\_\_

How would you describe your parents' reaction to your plans?

Bride: \_\_\_ wholeheartedly supportive

Groom: \_\_\_ wholeheartedly supportive

\_\_\_ supportive, with reservations

\_\_\_ supportive, with reservations

\_\_\_ non-committal

\_\_\_ non-committal

\_\_\_ unsure

\_\_\_ unsure

\_\_\_ against the marriage (please explain)

\_\_\_ against the marriage (please explain)

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

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

Are you willing to submit to pre-marital counseling sessions as determined by the Pastor?

Bride \_\_\_\_\_ Groom \_\_\_\_\_

## Registration Form for Officiating Pastor

**Return to:** Centreville Baptist Church  
Attention: Dianne Wilson  
15100 Lee Highway  
Centreville, VA 20121  
703-830-3333 ~ 703-815-8631 (fax)

Elder Approval: \_\_\_\_\_  
Date: \_\_\_\_\_

We welcome ordained pastors from other churches and denominations to officiate at weddings here at Centreville Baptist Church. While respecting diversity within the Body of Christ, we expect the officiating pastor to be in agreement with us in the following areas:

- the authority of the Bible,
- the virgin birth, substitutionary atonement, and bodily resurrection of Jesus Christ,
- salvation by grace alone, through faith alone, in Christ alone.

If you are in disagreement with any of these points, please explain: \_\_\_\_\_

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

We require that all couples using our church for their wedding take part in pre-marital counseling in preparation for their marriage. It may be done by you as the officiating pastor or another qualified counselor. Please be advised that no rehearsal can be held unless conducted by the officiating pastor.

Please complete the form below to register.

**Pastor's Name:** \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

Date of Ordination: \_\_\_\_\_

Licensed to perform weddings in Virginia by: \_\_\_\_\_ *(jurisdiction)*

\_\_\_\_\_ *(date)*

Officiating at the wedding of: \_\_\_\_\_

Date and time of wedding: \_\_\_\_\_

Date and time of rehearsal: \_\_\_\_\_

Premarital Counseling will be conducted by: \_\_\_\_\_

**Signature of Pastor:** \_\_\_\_\_ Date: \_\_\_\_\_