

First Baptist Church of Bicknell Wedding Information Sheet

Date of Application _____

Wedding Date _____ Time _____

Rehearsal Date _____ Time _____

Bride

Name _____

Address _____

City and Zip _____

State _____

County of Residence _____

Home Work Phone _____

Cell Phone _____

E-Mail Address _____

Occupation _____

Father's Name _____

Mother's Name _____

Are your Parents Married? _____

Is this first marriage? _____

If not, number of previous marriages? _____

Effective Divorce Date(s) _____

Are you a member of FBC? _____

Groom

Name _____

Address _____

City and Zip _____

State _____

County of Residence _____

Home Work Phone _____

Cell Phone _____

E-Mail Address _____

Occupation _____

Father's Name _____

Mother's Name _____

Are your Parents Married? _____

Is this first marriage? _____

If not, number of previous marriages? _____

Effective Divorce Date(s) _____

Are you a member of FBC? _____

WEDDING PLANS

Number of Guests _____

Do you want to use FBC's Pastor? _____

If other minister please give us the below information:

THIS MUST BE COMPLETED IF YOU PLAN TO USE A PASTOR WHO IS NOT ON STAFF AT FBC BICKNELL.

Name: _____

Address: _____

City: _____

State and Zip Code: _____

Reception at FBC? _____ Yes _____ No