



Calvary Church Off-Site Wedding Application

This form is for an off-site ceremony but wish to have a Calvary Pastor to officiate.
Your Wedding Application Appointment must take place 3 months to 1½ years before your wedding date.

Return this application to Lynnell Bok in Pastoral Care: lbok@calvarygr.org, 616-956-9377 Ext 3510

Bride's Information

Bride's Name _____ Age _____
 Do you attend Calvary Church and if so, for how long? _____
 Are you a member? Yes No
 Phone _____
 E-mail _____
 Address _____
 City _____ ST _____ Zip _____
Parents _____
 Do they attend Calvary Church and if so, for how long? _____
 Phone _____
 Address _____
 City _____ ST _____ Zip _____

Groom's Information

Groom's Name _____ Age _____
 Do you attend Calvary Church and if so, for how long? _____
 Are you a member? Yes No
 Phone _____
 E-mail _____
 Address _____
 City _____ ST _____ Zip _____
Parents _____
 Do they attend Calvary Church and if so, for how long? _____
 Phone _____
 Address _____
 City _____ ST _____ Zip _____

Wedding Information

Date of Wedding _____ Time _____ Day _____
 Location of Wedding _____
 Address of Location _____
 Date of Rehearsal _____ Time _____ Day _____
 Number of Bridal Party Attendants _____
 **All off-site weddings are required to select a Personal Ceremony Facilitator, unless venue offers one (See Brides Book for description)
 Personal Ceremony Facilitator's Name: _____
 Estimated Number of Wedding Guests _____
Officiating Pastor:
 We request a Calvary officiant: *Pastor's Name* _____

Relationship Status		Marriage Preparation Plan (Required)
Bride	Groom	Counseling -To be completed in your Application Appointment by a Pastor <input type="checkbox"/> Calvary Pre-Marital Counseling with _____ <input type="checkbox"/> Calvary Pre-Marital Couples Mentoring with _____ <input type="checkbox"/> Calvary Remarried Counseling with _____ <input type="checkbox"/> Outside Pre-marital counseling with _____ (needs pre-approval) Required to Attend: Being One: God's Design for Marriage <input type="checkbox"/> Feb <input type="checkbox"/> May <input type="checkbox"/> Sept
<input type="checkbox"/> Never Married	<input type="checkbox"/> Never Married	
<input type="checkbox"/> Divorced	<input type="checkbox"/> Divorced	
<input type="checkbox"/> Widowed	<input type="checkbox"/> Widowed	

Office Use Only

Application Date Received _____ By: _____
 Application Approval Date: _____ Time: _____ With: _____
 Approved By: _____ Date: _____
 Copy to officiating Pastor _____