

Wedding Application Form

This application must be completed and approved before any wedding date will be reserved at International Worship Centre. Please return it to the church office or at the information desk for processing.

Date of Application: _____

FOR OFFICE USE ONLY

Approved Wedding

Date: _____

Applicable Fees: _____

Security Deposit : _____

Date Paid: _____

Balance: _____

Noted by Office Personnel: _____

GROOM INFORMATION

SURNAME		GIVEN NAMES		BIRTHDATE		BIRTHPLACE	
RESIDENCE BEFORE MARRIAGE (COMPLETE ADDRESS)							
ARE YOU A MEMBER OR ATTENDEE OF INTERNATIONAL WORSHIP CENTRE?							
<input type="checkbox"/> MEMBER <input type="checkbox"/> ATTENDEE <input type="checkbox"/> Other, (please specify) _____							
HOME PHONE NUMBER			WORK PHONE NUMBER			HEALTH CARD NUMBER	
MAILING ADDRESS AFTER MARRIAGE				RELIGIOUS DENOMINATION/CONFESSION			
GROOM'S FATHER (SURNAME, GIVEN NAMES)				EMAIL ADDRESS			
GROOM'S MOTHER (SURNAME, GIVEN NAMES)				MARITAL STATUS <input type="checkbox"/> NEVER PREVIOUSLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
FATHER'S BIRTHPLACE		MOTHER'S BIRTHPLACE					

BRIDE INFORMATION

SURNAME		GIVEN NAMES		BIRTHDATE		BIRTHPLACE	
RESIDENCE BEFORE MARRIAGE (COMPLETE ADDRESS)							
ARE YOU A MEMBER OR ATTENDEE OF INTERNATIONAL WORSHIP CENTRE?							
<input type="checkbox"/> MEMBER <input type="checkbox"/> ATTENDEE <input type="checkbox"/> Other, (please specify) _____							
HOME PHONE NUMBER		WORK PHONE NUMBER		HEALTH CARD NUMBER		SURNAME AFTER THIS MARRIAGE	
MAILING ADDRESS AFTER MARRIAGE				RELIGIOUS DENOMINATION/CONFESSION			
BRIDE'S FATHER (SURNAME, GIVEN NAMES)				EMAIL ADDRESS			
BRIDE'S MOTHER (SURNAME, GIVEN NAMES)				MARITAL STATUS <input type="checkbox"/> NEVER PREVIOUSLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
FATHER'S BIRTHPLACE		MOTHER'S BIRTHPLACE					

SPONSOR INFORMATION (MALE)	SPONSOR INFORMATION (FEMALE)
SPONSOR #1	SPONSOR #1
SPONSOR #2	SPONSOR #2
SPONSOR #3	SPONSOR #3
SPONSOR #4	SPONSOR #4
SPONSOR #5	SPONSOR #5
SPONSOR #6	SPONSOR #6

WEDDING INFORMATION

WEDDING DATE REQUESTED	WEDDING START TIME
WEDDING LOCATION	NUMBER OF GUESTS EXPECTED
RECEPTION LOCATION	RECEPTION START TIME
NAME OF OFFICIATING MINISTER	
REHEARSAL DATE	REHEARSAL TIME

WEDDING PACKAGE (Choose one based from the 'Wedding Fees and Guidelines' specifications)

_____ Package 1: Wedding Celebration in a location chosen by the couple (within Winnipeg)

_____ Package 2: Church Wedding Celebration @ IWC's Rec. Room

_____ Package 3: Wedding Celebration in a location chosen by the couple (outside Winnipeg but within Manitoba).
Travel fees apply.

COUNSELING AVAILABILITY

Counseling before marriage is required for up to 6 sessions depending on the time and availability of the Pastors. Sessions are only available on Tuesdays, Thursdays and Fridays between 11 AM to 3 PM.

1st Choice _____	4th Choice _____
2nd Choice _____	5th Choice _____
3rd Choice _____	6th Choice _____

By submitting this application, I confirm that all information submitted on this application is true and correct to the best of my knowledge. I also agree to pay applicable fees in full one week prior to my wedding.

Signature _____

Date _____