

Application for the Wedding Service

Life Worship Center Church of God of Prophecy  
1930 Adee Avenue  
Bronx, NY 10469  
Ph# (718) 547-4927

Date \_\_\_\_\_

GROOM

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Previous marriages \_\_\_\_\_

BRIDE

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Previous marriages \_\_\_\_\_

ARRANGEMENTS

WEDDING: Date \_\_\_\_\_ Hour \_\_\_\_\_

Church Location \_\_\_\_\_

REHEARSAL: Date \_\_\_\_\_ Hour \_\_\_\_\_

PLACE OF RECEPTION \_\_\_\_\_

RESIDENCE ADDRESS AFTER MARRIAGE:

\_\_\_\_\_

\_\_\_\_\_

COUNSELING DATES: \_\_\_\_\_