



Harvest Family Church
Wedding Request Form

Bride's Name: <i>Last</i> <i>First</i> <i>Middle</i>			Age:
Address:		Home Phone:	Work Phone:
City:		State:	Zip:
Born Again? Yes <input type="checkbox"/> No <input type="checkbox"/>		Spirit Filled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HFC Member: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Joined:	
Have you been married before: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, number of times married:	
Number of children:			
Employer:	Position:		How Long?
Groom's Name: <i>Last</i> <i>First</i> <i>Middle</i>			Age:
Address:		Home Phone:	Work Phone:
City:		State:	Zip:
Born Again? Yes <input type="checkbox"/> No <input type="checkbox"/>		Spirit Filled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HFC Member: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Joined:	
Have you been married before: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, number of times married:	
Number of children:			
Employer:	Position:		How Long?
How long have you known each other?		How long have you been engaged?	
Preferred Date of Ceremony:		Pastor Preferred for Ceremony:	
1.		1.	
2.		2.	
3.		3.	