

**Marriage Application**  
**Red Clay Creek Presbyterian Church**  
**500 McKennans Church Road**  
**Wilmington, DE 19808**

<b>302-998-0434</b>	<a href="http://www.rccpc.org">www.rccpc.org</a>	<b>302-998-4517 (Fax)</b>
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For office use only:

Session Approval: \_\_\_/\_\_\_/\_\_\_

Wedding Date: \_\_\_/\_\_\_/\_\_\_

Officiating Clergy: \_\_\_\_\_

Time: \_\_\_\_\_

**Wedding Date Requested:** \_\_\_/\_\_\_/\_\_\_

**Time Requested:** \_\_\_\_\_

**Rehearsal Date:** \_\_\_/\_\_\_/\_\_\_

**Time Requested:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Bride:** \_\_\_\_\_

**Groom:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birthdate:** \_\_\_/\_\_\_/\_\_\_

**Birthdate:** \_\_\_/\_\_\_/\_\_\_

**Member of Red Clay?** [ ] Yes [ ] No

**Member of Red Clay?** [ ] Yes [ ] No

**Religious Affiliation:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_

**Baptized:** [ ] Yes [ ] No

**Baptized:** [ ] Yes [ ] No

**Occupation:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employed By:** \_\_\_\_\_

**Employed By:** \_\_\_\_\_

**Marital History:**

**Marital History:**

**Date previously married:** \_\_\_\_\_

**Date previously married:** \_\_\_\_\_

**Divorced:** \_\_\_\_\_

**Divorced:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

# THE BRIDAL PARTY

(Complete and Submit to the Church office at least one month prior to wedding date)

The Bride's Parents: \_\_\_\_\_  
\_\_\_\_\_

Escort of Bride's Mother: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Maid/Matron of Honor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other Attendants: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

Flower Girl (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Bride's Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

The Groom's Parents: \_\_\_\_\_

Escort of Groom's Mother: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Best Man: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ushers: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

Ring Bearer (if applicable): \_\_\_\_\_ Relationship: \_\_\_\_\_

Wedding Coordinator: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Registrar (if applicable): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Gift Receiver (if applicable): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Officiating Clergy: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Special Lectors: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
\_\_\_\_\_ Phone No.: \_\_\_\_\_

Organist: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Special Music Performers: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
\_\_\_\_\_ Phone No.: \_\_\_\_\_

Florist: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Photographer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Custodian: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Time of Reception: \_\_\_\_\_

Place of Reception: \_\_\_\_\_

## CEREMONY CHECKLIST

Name of Bride: \_\_\_\_\_

Name of Groom: \_\_\_\_\_

Date of Wedding: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

**Check as appropriate:**

1. \_\_\_\_ need church organist
2. \_\_\_\_ need spaces reserved in parking lot. How many? \_\_\_\_
3. \_\_\_\_ wish communion celebrated
4. \_\_\_\_ single ring ceremony
5. \_\_\_\_ double ring ceremony
6. \_\_\_\_ will have aisle runner
7. \_\_\_\_ want candle ceremony: \_\_\_\_ candelabra \_\_\_\_ aisle candles \_\_\_\_ hurricane (window) candles
8. \_\_\_\_ need wedding bulletins typed & printed by church office\* How many? \_\_\_\_
9. \_\_\_\_ plan to video-record service
10. \_\_\_\_ want receiving line in Narthex
11. \_\_\_\_ want wedding flowers to remain in church for Sunday
12. \_\_\_\_ want usage of Fellowship Hall
13. \_\_\_\_ want usage of the kitchen
14. \_\_\_\_ want usage of additional rooms

\* all information and supplies must be submitted to the Church office at least one month prior to wedding date

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

# WITNESS INFORMATION

The information requested below is required by the State of Delaware and must be completed in full.

<p><b>WITNESS 1</b> NAME IN FULL</p> <hr/> <p>DATE OF BIRTH: _____</p> <p>ADDRESS:</p> <hr/> <hr/> <p>CITY / TOWN / STATE / ZIP CODE</p> <hr/> <p>-----</p> <p><b>WITNESS 2</b> NAME IN FULL</p> <hr/> <p>DATE OF BIRTH: _____</p> <p>ADDRESS:</p> <hr/> <hr/> <p>CITY / TOWN / STATE / ZIP CODE</p>
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