

Approved: _____
(date)

REQUEST FOR A WEDDING DATE

at

Community Presbyterian Church of La Mirada
13701 Hillsborough Drive, La Mirada CA 90638
Church Office: 562-902-9035

Wedding Date: _____

Time: _____

Rehearsal Date: _____

Time: _____

Reception location: _____

Time: _____

Pastor: _____

Today's date: _____

BRIDE'S NAME: _____
(Please **PRINT** first, middle and last name.)

Email: _____ Home Phone: _____ Work/Cell Phone: _____

Birth date: _____ Occupation: _____

Address: _____
(street, city, zip)

CHURCH AFFILIATION/MEMBERSHIP:

Bride: _____

Groom: _____

GROOM'S NAME: _____
(Please **PRINT** first, middle and last name.)

Email: _____ Home Phone: _____ Work/Cell Phone: _____

Birth date: _____ Occupation: _____

Address: _____
(street, city, zip)

HISTORY

How long have you two known each other?

Have either of you been married before? Bride: _____ Groom: _____

Date and location divorce finalized

Bride: _____

Groom: _____

Do either of you have children? Names and ages of children

Bride: _____ Groom: _____

WEDDING No. of guests: _____

Why did you decide to have wedding at this church? _____

Reception Location: _____

*Rehearsal Date: _____ Time: _____

NAMES OF WITNESSES #1 _____ #2 _____
(Please **PRINT** first, middle and last name.)

DATES OF PRE-MARITAL APPOINTMENTS WITH THE PASTOR (if our CPCLM Pastor will perform your ceremony):

To be completed only when there is an outside Pastor

Pastor's Name: _____ Church Affiliation: _____

Address: _____ Telephone: _____