

5795 Falcon Blvd.
Cocoa, FL 32927

Wedding Application

Office Use Only
Received _____
Appr. _____
Est. Attendance _____

Personal Information

Bride _____

Address _____

City, State, ZIP _____

Cell Phone _____ Home Phone _____

Work Phone _____ Birth Date _____

E-mail _____

Are you a Christian? [] Yes [] No Since? _____

Attend Coastal regularly [] Yes [] No Since? _____

If not, are your parents members? [] Yes [] No

Their names _____

Do you have children [] Yes [] No

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Groom _____

Address _____

City, State, ZIP _____

Cell Phone _____ Home Phone _____

Work Phone _____ Birth Date _____

E-mail _____

Are you a Christian? [] Yes [] No Since? _____

Attend Coastal regularly [] Yes [] No Since? _____

If not, are your parents members? [] Yes [] No

Their names _____

Do you have children [] Yes [] No

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Wedding Information

	Location	Day of the Week	Date(s)	Time: Start & Finish
Premarital Counseling	_____	_____	_____	_____
Rehearsal	_____	_____	_____	_____
Ceremony	_____	_____	_____	_____
Reception	_____	_____	_____	_____

Minister you've arranged [] or would like [] to officiate your wedding ceremony _____

Please complete and submit this form to the Church Office along with a 50% deposit. Upon receipt of the application and deposit, the Church Office will tentatively reserve the Church facility as available. Final approval of your wedding will be made by a Coastal pastor. If, for any reason, your wedding is not held at Coastal Community Church, all payments, including deposit, will be refunded.

All the above information is complete and correct, and we have read the Wedding Information Booklet in its entirety and agree to comply with its guidelines.

Date _____

Bride _____

Groom _____