



# Wedding Application

Please print, complete and return to  
**Bette Owen**  
P.O. Box 130699  
Birmingham, AL, 35213-0699  
Fax 205 802-4684

Member  Non-Member  Sanctuary  Chapel

Wedding Date \_\_\_\_\_ Time \_\_\_\_\_

Rehearsal Date \_\_\_\_\_ Time \_\_\_\_\_

**Bride-elect** (full name) \_\_\_\_\_

Name To Be Used \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Where \_\_\_\_\_

Parents of Bride \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Where \_\_\_\_\_

**Groom-elect** (full name) \_\_\_\_\_

Name To Be Used \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Where \_\_\_\_\_

Parents of Groom \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Where \_\_\_\_\_

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Minister \_\_\_\_\_

Organist \_\_\_\_\_ Other \_\_\_\_\_

Florist \_\_\_\_\_ Phone \_\_\_\_\_

Photographer \_\_\_\_\_ Phone \_\_\_\_\_

Videographer \_\_\_\_\_ Phone \_\_\_\_\_

Address After Marriage \_\_\_\_\_

Signature \_\_\_\_\_

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### Grandparents

Bride's \_\_\_\_\_

\_\_\_\_\_

Groom's \_\_\_\_\_

\_\_\_\_\_

### Mothers

Bride \_\_\_\_\_

Groom \_\_\_\_\_

Attendants

Best Man \_\_\_\_\_

Groomsmen \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ushers \_\_\_\_\_

\_\_\_\_\_

Maid/Matron of Honor \_\_\_\_\_

Bridesmaids \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ring Bearer \_\_\_\_\_

Flower Girl \_\_\_\_\_



Music Selections

Grandparents/Mothers \_\_\_\_\_

Wedding Party \_\_\_\_\_

Bride \_\_\_\_\_

Solos \_\_\_\_\_

Pictures Begin \_\_\_\_\_

Address After Wedding

Mr. & Mrs. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_