



Wedding Application

Groom's Information	
Name	DOB
Address	City, State ZIP
Phone	Email
Previous Marriage? <input type="checkbox"/> Yes, I have been married before <input type="radio"/> When did your previous marriage legally end? ___/___/___ <input type="radio"/> How did your previous marriage end? <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> No, this is my first marriage	
Do you have any children? <input type="checkbox"/> Yes, I have children with my fiancé, or my fiancé is pregnant (Due Date: ___/___/___) <input type="checkbox"/> Yes, I have children from a previous relationship <input type="checkbox"/> No, I do not have any children	
Member of PLC? <input type="checkbox"/> Yes, I am a member of PLC <input type="checkbox"/> No, I am not a member, but I attend PLC regularly <input type="checkbox"/> No, I am not a member or regular attendee of PLC	
Describe your spiritual background.	
Describe your current spiritual journey.	
Why do you want to get married?	

Bride's Information	
Name	DOB
Address	City, State ZIP
Phone	Email
Previous Marriage? <input type="checkbox"/> Yes, I have been married before ○ When did your previous marriage legally end? ___/___/___ ○ How did your previous marriage end? <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> No, this is my first marriage	
Do you have any children? <input type="checkbox"/> Yes, I have children with my fiancé, or I am pregnant (Due Date: ___/___/___) <input type="checkbox"/> Yes, I have children from a previous relationship <input type="checkbox"/> No, I do not have any children	
Member of PLC? <input type="checkbox"/> Yes, I am a member of PLC <input type="checkbox"/> No, I am not a member, but I attend PLC regularly <input type="checkbox"/> No, I am not a member or regular attendee of PLC	
Describe your spiritual background. 	
Describe your current spiritual journey. 	
Why do you want to get married? 	

Wedding Information	
Wedding Date	<input type="checkbox"/> Firm <input type="checkbox"/> Tentative
Desired Pastor (please note your desired pastor may not be available)	
<input type="checkbox"/> Chris Rygh <input type="checkbox"/> Jesse Tink <input type="checkbox"/> Chip Uhrmacher <input type="checkbox"/> Carl Carey	<input type="checkbox"/> Not Applicable - Counseling Only
Desired Location (please note your desired location may not be available)	
<input type="checkbox"/> Cedar Falls – Worship Center <input type="checkbox"/> Cedar Falls – Chapel <input type="checkbox"/> Waterloo – Worship Center <input type="checkbox"/> Off-site: _____	<input type="checkbox"/> Not Applicable - Counseling Only

Submit to:
Care at Prairie Lakes Church
1907 Viking Road
Cedar Falls, Iowa 50613

For Office Use Only
Application Received (date, person)
Approval <input type="checkbox"/> Approved <input type="checkbox"/> Declined Explanation if declined
Contract Returned (date, person)
Deposit Submitted (date, check number, person)
Pastor Confirmed
Wedding Date, Time, Location Reserved
Rehearsal Date, Time, Location Reserved
Balance Submitted (date, check number, person)