

Wedding Application | First Assembly of God

Requested Wedding Date: _____ Time: _____

Requested Rehearsal Date: _____ Time: _____

Groom's Information

Name:

(First) (Last)

Age: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

Occupation: _____

Current Church Membership?

First Assembly Pastor Requested:

Bride's Information

Name:

(First) (Last)

Age: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Email: _____

Occupation: _____

Current Church Membership?

Please return this application with a \$200 deposit to:
First Assembly of God, 4701 Summerlin Rd, Fort Myers, FL 33919 | 236-936-6277 | famfm.com
Attention: Adult Ministries Department