

**The FIRST CONGREGATIONAL CHURCH of Ann Arbor**

PHONE (734)662-1679 FAX (734)662-0302

<b>FOR OFFICE USE ONLY</b>	
Couple _____ / _____	
Wedding Date _____	Clergy _____
Scheduled by _____	on _____
Coordinator _____	Organist _____ Custodian _____

**WEDDING APPLICATION/INFO SHEET**

Please fill out both sides as completely as possible and return it with your deposit to secure your date. Additions and modifications can be made through your wedding coordinator as your plans are updated.

**BRIDE:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Is email a good way to contact you?  YES  NO

Are you a Member of our Church?  YES  NO Marital Status: \_\_\_\_\_

**GROOM:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Is email a good way to contact you?  YES  NO

Are you a Member of our Church?  YES  NO Marital Status: \_\_\_\_\_

**Full Legal names of the 2 witnesses who will sign your marriage license (please print):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**WEDDING DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ am/pm  
(Day of the week) (Month) (Date) (Year)

**REHEARSAL DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ am/pm  
*Schedule w/church office* (Day of the week) (Month) (Date) (Year)

**FCC Minister of Preference:** We will do our *best* to accommodate your request but the specific minister performing the ceremony will be based on their schedules and availability. You will be notified which minister has been assigned four months before your wedding date.

Robert K. Livingston  Darcy A. Crain-Polly  Other: \_\_\_\_\_

**Invited Clergy** ( If any; by invitation of officiating minister): Name/Title: \_\_\_\_\_

Denomination/Affiliation: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Location:**  Sanctuary  Douglas Chapel  Mayflower Room  Off-site: \_\_\_\_\_

**Basic Fee:** \$ \_\_\_\_\_

**Deposit /** Minimum \$150.00 (Due now): \$ \_\_\_\_\_ Date Pd \_\_\_\_\_ Method \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_ Date Pd \_\_\_\_\_ Method \_\_\_\_\_

\*\*\**Balance is due 1 week before the wedding*\*\*\*

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**WEDDING INFORMATION SHEET page 2**

Expected **Attendance** at the wedding: \_\_\_\_\_

Do you plan to **dress** at the Church? **Bride:**  YES  NO **Groom:**  YES  NO

Will there be a **receiving line** at the Church?  YES  NO

Number of people in your Wedding Party:

Bridesmaids: \_\_\_\_\_ Groomsmen: \_\_\_\_\_

Jr. Attendants: \_\_\_\_\_ Other: \_\_\_\_\_

Flower Girl:  YES  NO Ring Bearer:  YES  NO

The ceremony will include presentation of **wedding rings** to:  Bride only  Bride and Groom

Will the Bride be **escorted**?  YES  NO

If yes, by whom? \_\_\_\_\_

**Bride's parent(s)** present: \_\_\_\_\_

\_\_\_\_\_

**Groom's parent(s)** present: \_\_\_\_\_

\_\_\_\_\_

Name of **Florist:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of **Photographer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Reception** at the church?  YES  NO (*please call church office to determine availability if desired*)

If yes, Name of Caterer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If no, reception location: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

**Additional Notes and/or Concerns:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have received the First Congregational Church of Ann Arbor Wedding Information brochure and have read, understand and will abide by the policies as set forth.

Bride's or Groom's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **return this form and your deposit** to the attention of the Secretarial Staff at the address below as soon as possible. *The date will not be secured until we have received your deposit.*

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