



608 E. William Street, Ann Arbor, MI 48104  
 Office: (734) 662-1679 Fax: (734) 662-0302

Application/Deposit Received \$: _____ Date: _____
Check #: _____ or Cash _____

## WEDDING APPLICATION

Please **fill** out as completely as possible and return it with your deposit to secure your date on the church calendar.

Spouse's Names	Address	Cell Phone	Email	FCC Member

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

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

**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 \_\_\_\_\_

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

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

Contact Email or Phone: \_\_\_\_\_

**Desired Ceremony Location:** Sanctuary \_\_\_\_\_ Douglas Chapel \_\_\_\_\_ Off-site \_\_\_\_\_

**Basic Fee:** Sanctuary: \$1725 (does not include counseling fee) \$ \_\_\_\_\_  
 Douglas Chapel: \$1225 (does not include counseling fee) \$ \_\_\_\_\_  
 Offsite: \$600 (does not include counseling fee) \$ \_\_\_\_\_

Non-Refundable Deposit: \$ (200.00) *Due at Time of Application*

\* Balance Due: \$ \_\_\_\_\_

\* *Balance due one week prior to your wedding day along with the Marriage License.*

*I have read the online information of the First Congregational Church of Ann Arbor in regards to Weddings and also the Wedding Rental Agreement and will abide by the policies as set forth.*

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Spouse's Signature

Revised: April 2016

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