

Wedding Registration Form

Please return this form with attachments to the church office no less than 6 months prior to your wedding so that the request can be approved by Session.

Bride Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Cell: _____

E-mail Address: _____

Occupation: _____

Business Telephone: _____

Church Affiliation: _____

Marital Status: Never Married _____ Divorced _____

Annulment _____ Widowed _____

Name and Contact Information of Parents:

Name of the Bride (after the ceremony):

Groom

Full Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Cell: _____

E-mail Address: _____

Occupation: _____

Business Telephone: _____

Church Affiliation: _____

Marital Status: Never Married _____ Divorced _____

Annulment _____ Widowed _____

Name and Contact Information of Parents:

Couple's Address after Marriage:

Requested Date & Time for Wedding Rehearsal:

Requested Date & Time for Wedding:

Requested Rooms:

_____Sanctuary

_____Coleman Hall with Kitchen use

Place of Reception: _____

Minister Requested to Perform Ceremony:

Attachments: *Based on the wedding party's eligibility please provide one of the following:*

1. The name of the active family member at First Presbyterian Church of Highlands:

or

2. A letter of recommendation from a PCUSA pastor or Session from another PCUSA church.

or

3. A letter of recommendation from the full or affiliate member of the First Presbyterian Church of Highlands that are sponsoring the wedding party.

or

4. A letter describing special circumstances to petition the Session of the church to grant an exception to these eligibility requirements.

FIRST PRESBYTERIAN CHURCH OF HIGHLANDS

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