



# FIRSTBAPTISTCHURCH

At the heart of Kingman with the KING at heart.

200 E C Ave  
Kingman, KS 67068  
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## Wedding Application Form

*The following things are required in order for a First Baptist Church clergy or lay leader or member to perform, officiate, or solemnize a marriage ceremony: (1) A Completed Wedding Application Form; (2) A Copy of the Bride and Groom's Birth Certificates Must be Seen; (3) The Bride and Groom Must Complete the Free Premarital Counseling that FBC Provides and Receive a Letter of Approval from the Counselor(s) as Sponsors; (4) a Completed Building Use Form and Calendar Request Form; (5) Fees should be paid directly to the person performing the wedding, to the musician(s), photographer, and soundman and not be made out to the church (except for a building use deposit). A request for a wedding ceremony does not guarantee FBC will perform, officiate, or solemnize a marriage.*

### Wedding Information

Date of Wedding: \_\_\_\_\_ Time: \_\_\_\_\_  
Names for Vows: \_\_\_\_\_  
Names for Presentation: \_\_\_\_\_  
Wedding Ceremony Location: \_\_\_\_\_  
Wedding Reception Location: \_\_\_\_\_ Time: \_\_\_\_\_  
Estimated Number of Guests: \_\_\_\_\_  
Time Wedding Party Needs Church Access: \_\_\_\_\_  
Date of Wedding Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_  
Rehearsal Dinner Location: \_\_\_\_\_ Time: \_\_\_\_\_

### Groom Information

Name of Groom (*Print*): \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ DOB: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current Marital Status: \_\_\_\_\_ Are You Disabled: \_\_\_\_\_  
FBC Member: \_\_\_\_\_ Have You Been Married Previously: \_\_\_\_\_  
In Household: # of Children: \_\_\_\_ Name(s): \_\_\_\_\_  
Name(s): \_\_\_\_\_ Name(s): \_\_\_\_\_

Father of Groom: \_\_\_\_\_

Mother of Groom: \_\_\_\_\_

*Check All that Apply:* I am New to Area: \_\_\_\_ I am Unchurched: \_\_\_\_

I want Postmarital Counseling (Free): \_\_\_\_

### **Bride Information**

Name of Bride (*Print*): \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_ Are You Disabled: \_\_\_\_\_

FBC Member: \_\_\_\_ Have You Been Married Previously: \_\_\_\_\_

In Household: # of Children: \_\_\_\_ Name(s): \_\_\_\_\_

Name(s): \_\_\_\_\_ Name(s): \_\_\_\_\_

Father of Bride: \_\_\_\_\_

Mother of Bride: \_\_\_\_\_

*Check All that Apply:* I am New to Area: \_\_\_\_ I am Unchurched: \_\_\_\_

I want Postmarital Counseling (Free): \_\_\_\_

### **Ceremony Information**

No. of Bridesmaids: \_\_\_\_ No. of Groomsman: \_\_\_\_

Flower Girl(s): \_\_\_\_\_ Ring Bearer(s): \_\_\_\_\_

Jr. Bridesmaid: \_\_\_\_\_ Jr. Groomsman: \_\_\_\_\_

Who Gives Away Bride: \_\_\_\_\_ Relationship: \_\_\_\_\_

Matron of Honor: \_\_\_\_\_ Best Man: \_\_\_\_\_

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

Groomsman & Ushers: \_\_\_\_\_

Accompanist: \_\_\_\_\_

Soloist: \_\_\_\_\_

Musicians: \_\_\_\_\_

Song 1: \_\_\_\_\_

Song 2: \_\_\_\_\_

Song 3: \_\_\_\_\_

Song 4: \_\_\_\_\_

Music for Prelude: \_\_\_\_\_

Music for Processional: \_\_\_\_\_

Music for Recessional: \_\_\_\_\_

Music for Postlude: \_\_\_\_\_

Photographer: \_\_\_\_\_

Videographer: \_\_\_\_\_

Wedding Coordinator: \_\_\_\_\_

Number of Rings: \_\_\_\_\_

Scriptures: \_\_\_\_\_

Other Special Requests: \_\_\_\_\_

Where will you live?

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

*Information Provided is Accurate and I Have Read, Understood, and Agree to  
The Terms at the Top of Page 1:*

Signature (Groom): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Bride): \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Birth Certificates Verified:

Pastor: \_\_\_\_\_

2d FBC Leader Eyewitness: \_\_\_\_\_

Building Use Form Completed, Deposit Paid, and Approved: \_\_\_\_\_

Calendar Request Form Completed and Approved: \_\_\_\_\_

Premarital Counseling Completed and Approval Letter Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Chair of Deacons: \_\_\_\_\_ Approved: \_\_ Not Approved: \_\_

Sec. of Deacons: \_\_\_\_\_ Approved: \_\_ Not Approved: \_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_