

REQUEST FOR WEDDING RESERVATION

CHURCH OF THE GOOD SHEPHERD
533 East Main Street
Lexington, KY 40508 (859) 252-1744

For Church Use
Wedding Date: \_\_\_\_\_ Time: \_\_\_\_\_
Rehearsal: \_\_\_\_\_ Time: \_\_\_\_\_

BRIDE
(first, middle, last)

GROOM
(first, middle, last)

NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
HOME PHONE: \_\_\_\_\_
CELL/OFFICE: \_\_\_\_\_
E-MAIL: \_\_\_\_\_
Occupation: \_\_\_\_\_
Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
HOME PHONE: \_\_\_\_\_
CELL/OFFICE: \_\_\_\_\_
E-MAIL: \_\_\_\_\_
Occupation: \_\_\_\_\_
Date of Birth: \_\_\_\_\_

Member of Good Shepherd Yes ( ) No ( )
Have you been: Baptized ( ) Confirmed ( )
Not previously Married ( ) Div. ( ) Widow ( )

Member of Good Shepherd Yes ( ) No ( )
Have you been: Baptized ( ) Confirmed ( )
Not previously Married ( ) Div. ( ) Widower ( )

Your Church Membership:

Your Church Membership:

Name of Church: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Member since (date): \_\_\_\_\_

Member since (date): \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

Attend worship (circle one) Regularly Occasionally Never

Attend worship (circle one) Regularly Occasionally Never

Are you a financial supporter of this church (circle one) Yes No

Are you a financial supporter of this church (circle one) Yes No

Signed pledge card on file \_\_\_\_\_

Signed pledge card on file \_\_\_\_\_

No pledge, but contributor of record \_\_\_\_\_

No pledge, but contributor of record \_\_\_\_\_

Church will you attend after marriage \_\_\_\_\_

Church will you attend after marriage \_\_\_\_\_

If your parents are members of Good Shepherd, are they financial supporters of the church? (circle one) Yes No

If your parents are members of Good Shepherd, are they financial supporters of the church? (circle one) Yes No

Signed pledge card on file \_\_\_\_\_

Signed pledge card on file \_\_\_\_\_

No pledge, but contributor of record \_\_\_\_\_

No pledge, but contributor of record \_\_\_\_\_

PARENTS OF THE BRIDE

PARENTS OF THE GROOM

FATHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

Father's hometown: \_\_\_\_\_

Father's hometown: \_\_\_\_\_

MOTHER'S NAME (first, maiden, last) \_\_\_\_\_

MOTHER'S NAME (first, maiden, last) \_\_\_\_\_

Mother's hometown: \_\_\_\_\_

Mother's hometown: \_\_\_\_\_

BRIDE'S INFORMATION CONTINUED

GROOM'S INFORMATION CONTINUED

PARENTS' ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENTS' ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

REQUESTED DATE: \_\_\_\_\_

REQUESTED TIME: \_\_\_\_\_

FLORIST: \_\_\_\_\_

PHOTOGRAPHER: \_\_\_\_\_

NUMBER OF GUESTS EXPECTED: \_\_\_\_\_

RECEPTION LOCATION: \_\_\_\_\_

OFFICIANT: \_\_\_\_\_

**Clergy:**      **Active ( )**      **Inactive ( )**      **Non-member ( )**

Mailing address **after** the wedding: \_\_\_\_\_  
\_\_\_\_\_

PLEASE FILL OUT COMPLETELY and return to the church office at your earliest convenience:

We have read and agree to the terms and conditions for our wedding ceremony at the Church of the Good Shepherd, as set out in the *Guidelines for Marriage*.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_