First Presbyterian Church of Clarion 700 Wood Street Clarion, PA 16214 814-226-8145

Wedding Request Form

Today's Date:		S 1	
Full Name of Bride		-	
Church Affiliation:			
Present Address:			
Phone:(circle o	ne) hm, wk, cell		
E-mail Address:			
Full Name of Groom			
Church Affiliation:			
Present Address:			
Phone:(circle o	ne) hm, wk, cell		
E-mail Address:			
Date & Time & Place of Rehearsal Extra time requested for setting u			
Date & Time & Place of Wedding Ceremor	ıy		_
Arrival time of wedding party	-12		_
Planning a dinner or reception at First Pres	sby? If yes,	please ask for additional fee information	n.
lf not First Presbyterian Minister, please p			
Name Ch			_
Address			_ Phone
Number(s)			
Music Plans			_
Number in Wedding Party	Approx. Number (of Guests	
Wish to use: Candelabras Kneeler _			
Other:			
Address after the wedding will be:			
Phone Number(s)			_
***************	*******	******	
Church Use:			
Approved / Not Approved by: Minister:			
Session Approval Meeting Date		signature/date	
Notice of Status given to Contact Person by:			
- ,		signature/date	
(Date/Ini	•		
Notification to: Property Cmte.	Applicable Fees:		_
Treasurer			_
			-
		Total Amount Due First Pro	, <u></u>
		Deposit received – Date:Ck #	
		Statemen Ralance Paid- Date: Ck #	it sent- Date: Amount