



Plot D 6<sup>th</sup> Avenue/Cavera 13 Road, Festac Town, Lagos. Tel: 08088805091 - 2

### WEDDING DATA FORM

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

Wedding Place: Main Auditorium Yes  No  Others: Yes  No

If yes name the place \_\_\_\_\_

Counseling Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### BRIDE

#### GROOM

\_\_\_\_\_ Name \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Residence Phone \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_ Parent's Consent \_\_\_\_\_

\_\_\_\_\_ Previous Marriage \_\_\_\_\_

\_\_\_\_\_ Parent's Name \_\_\_\_\_

Chairman \_\_\_\_\_ MC \_\_\_\_\_

Chief Bridesmaid \_\_\_\_\_ Best man \_\_\_\_\_

Bridesmaid \_\_\_\_\_ Groom's Men \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

Flower Girl \_\_\_\_\_ Ring Bearer \_\_\_\_\_

Officiating Ministers \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

Other Ministers \_\_\_\_\_ Function \_\_\_\_\_

\_\_\_\_\_ Function \_\_\_\_\_

Officiating Marriage Counselor \_\_\_\_\_

\_\_\_\_\_ Function \_\_\_\_\_

\_\_\_\_\_ Function \_\_\_\_\_

Do you want the Choir to officiate during reception? Yes  No

Any special song to match in the Bride/Groom? Yes  No

If yes, title of the song \_\_\_\_\_

Title(s) of music you want \_\_\_\_\_

Will Reception be at Church? Yes  No

If No, where? \_\_\_\_\_

Plans for Decorations \_\_\_\_\_

Plans for arrangement of Hall: Chairs, Tables, etc. \_\_\_\_\_

Plans for cleaning of Hall after Reception \_\_\_\_\_

Arrangement with Ushers to check the building after the ceremony (State who is in charge) \_\_\_\_\_

Address of Couple after Wedding \_\_\_\_\_

**BRIDE’S WITNESS**

**GROOM’S WITNESS**

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Other Names \_\_\_\_\_

Other Names \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**OFFICIAL CHECKLIST**

Clearance: Recommendation from Church: Yes  No

License from Marriage Registry Yes  No

Endorsements: Groups Yes  No  OFFNET: Yes  No

Parental Consent: Yes  No

Wedding Gown sighting: Yes  No

Wedding Application Form Received: Yes  No

Preparatory Courses completed: Yes  No

Marriage Act: Yes  No

Wedding Hall secured: Yes  No  Reception Hall Secured: Yes  No

Recommendation:

Chairman: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature/Date: \_\_\_\_\_

Signature/Date: \_\_\_\_\_





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**WEDDING APPLICATION FORM**

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

Location: Main Auditorium Yes  No  Others: Yes  No

Counseling appointment with Pastor: Date \_\_\_\_\_ Time \_\_\_\_\_

Counseling Date: \_\_\_\_\_ Time: \_\_\_\_\_

**BRIDE**

**Wedding of**

**GROOM**

_____	Name	_____
_____	Address	_____
_____	Village or Town	_____
_____	Local Govt Area	_____
_____	State of Origin	_____
_____	Home Phone	_____
_____	Work Phone	_____
_____	Age	_____
_____	Occupation/Rank	_____
_____	Church	_____
_____	Address	_____
_____	OFFNET Centre	_____
_____	Zone	_____
_____	Leader	_____
_____	Group	_____
_____	Parent's Name	_____
_____	Occupation/Rank	_____
_____	Address	_____

Single  Widow  Divorced

Single  Widower  Divorced

Member: Yes  No

Member: Yes  No

BRIDE

GROOM

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

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

Name \_\_\_\_\_

Name \_\_\_\_\_