

Crossings Community Church  
**Wedding Application**  
**Couple Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State Zip

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parent's Phone Numbers \_\_\_\_\_

Crossings' Member\*?  Yes  No If no, where? \_\_\_\_\_

*Membership = active participation in the life of the church for a minimum period of 6 months (i.e., Community Group, Pastor's Class, regular worship service, etc.)*

Have you ever been married before?  Yes  No

If divorced, when was your divorce final? \_\_\_\_\_

Children & ages from a previous marriage \_\_\_\_\_

Are you a believer in Jesus Christ?  Yes  No

Church Involvement:  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Faith:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Crossings Community Church, Oklahoma City

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

Crossings Community Church, Oklahoma City

# Wedding Application Couple Information

**Couple Information:**

How long have you been dating? \_\_\_\_\_

How long have you been engaged? \_\_\_\_\_

Are you currently living together? \_\_\_\_Yes \_\_\_\_No

**Wedding Information:**

Wedding Date:	First Choice _____	Time: _____
	Second Choice _____	Time: _____
Wedding Ceremony:	<input type="checkbox"/> Chapel <input type="checkbox"/> Sanctuary	

**Pastor:** I would prefer the following Crossings pastor to perform our ceremony:

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

Any non-CCC pastor must be an ordained pastor of the Gospel to perform your Ceremony at CCC and be approved by the CCC staff.

Minister's name \_\_\_\_\_

Church \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Relationship to you \_\_\_\_\_